APR-27-2006 10:49 FROM:FAX 4076313537

FILED
Jun 15, 2006 8:00 am
Secretary of State
05-02-2006 90429 047 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000061117

1. Entity Name
XTREME ENTERTAINMENT BY DORSEY CORP.

66019036

04272006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
1645 ANNA CATHERINE DRIVE ORLANDO, FL 32828	1645 ANNA CATHERINE DRIVE ORLANDO, FL 32828
2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 56-2523252 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RODRIGUEZ, AIDA
1607 ANNA CATHERINE DRIVE
ORLANDO, FL 32828

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DORSEY, WILLIAM M 1645 ANNA CATHERINE DRIVE ORLANDO, FL 32828	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RODRIGUEZ, HAYDEE 1645 ANNA CATHERINE DRIVE ORLANDO, FL 32828	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William M. Dorsey 4-27-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DC & Associates, P.A.

ATTACHMENT

Certified Public Accountant
Member of FICPA

David C. Crowder, CPA

660190 36
#P05000061117

June 12, 2006

Division Of Corporations
P O Box 1500
Tallahassee, FL 32302-1500

I have entered the FEI number 56-2523252 in Block 4. We are sorry for the omission. Please process the report as soon as you are able.

Thank you for taking care of this matter.

Sincerely,

Arliss Turner

820 Lake Kathryn Circle - Casselberry, FL 32707 - Phone (407) 831-1407 - Fax (407) 831-3537