

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.			
Principal Place of Business 1645 ANNA CATHERINE DRIVE ORLANDO, FL 32828		Mailing Address 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 ☐		Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent RODRIGUEZ, AIDA 1807 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 _____ Signature typed or printed name of registered agent and the filer (note: Registered Agent signature required when registering) DATE _____			
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	DVB 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. 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 the empowered.			
SIGNATURE: <i>William M. Dorsey</i>		4-27-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

66019036



04272006 Chg-P CR2E034 (11/05)

DC & Associates, P.A.

ATTACHMENT

Certified Public Accountant
Member of FICPA

David C. Crowder, CPA

66019036
#P05000061117

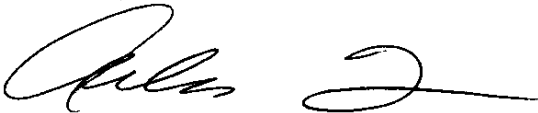
June 12, 2006

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