
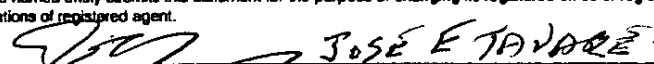
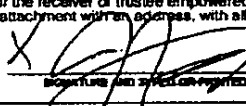


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

6/2

**FILED**  
**Aug 28, 2006 8:00 am**  
**Secretary of State**

06-29-2006 90001 046 \*\*\*150.00

<b>DOCUMENT # P05000069559</b>					
1. Entity Name EXTINCTION LEVEL, INC.					
Principal Place of Business 1070 SW 46TH AVE SUITE 105 POMPAO BEACH, FL 33069			Mailing Address 1070 SW 46TH AVE SUITE 105 POMPAO BEACH, FL 33069		
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 <b>33-1117943</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TAVAREZ, JOSE E 1070 SW 46TH AVE SUITE 105 POMPAO BEACH, FL 33069			Name Street Address (P.O. Box Number is Not Acceptable) <b>THIO NW 4 STREET APT 303</b> City <b>PLANTATION</b> FL Zip Code <b>33317</b>		
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:  <b>JOSE E TAVAREZ</b> DATE: <b>8/22/06</b>					
(NOTE: Registered Agent signature required when re-registering)					
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D TAVAREZ, JOSE E 1070 SW 46TH AVE - SUITE 105 POMPAO BEACH, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>THIO NW 4 ST. # 303</b> <b>PLANTATION FL 33317</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>JOSE TAVAREZ</b>			Date: <b>6-21-06</b> Daytime Phone #: <b>954-609-6793</b>		

ATTACHMENT  
66023568

EXTINCTION LEVEL INC  
C/O JOSE E TAVAREZ  
7410 NW 4<sup>TH</sup> STREET  
APT 303  
PLANTATION, FL 33317

AUGUST 23, 2006

FLORIDA DEPT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500

TO WHOM IT MAY CONCERN.

RE: DOCUMENT # P05000069559  
EXTINCTION LEVEL INC

ATTACHED ARE THE STATES LETTERS AND THE CORRECTED ANNUAL REPORT FOR 2006.

WE BEG THE STATE TO NOT ACCESS THE EXTRA \$400.00 PENALTY FOR THE FOLLOWING REASONS:

- 1- THE TAXPAYERS HOME WAS DESTROYED BY HURRICANE WILMA.
- 2- THE TAXPAYER WAS FORCED TO MOVE AND IN THE INTERIM MUCH OF HIS MAIL NEVER REACHED HIM AS WAS THE CASE WITH THE ANNUAL REPORT FILING DEADLINE.
- 3- MANY OF HIS PAPERS WERE LOST IN THE STORM.

WE BEG THE STATE TO ACCEPT THIS ANNUAL REPORT AS FILEDS FOR THE FEE OF \$150.00 AS WAS FILED.

THANKING YOU IN ADVANCE FOR YOUR CARE AND COOPERATION,

RESPECTFULLY

  
JOSE E TAVAREZ