

2006 FOR PROFIT CORPORATION ANNUAL REPORT

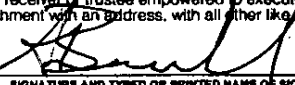
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FILED
Jul 13, 2006 8:00 am
Secretary of State

06-28-2006 90002 047 ***150.00

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DOCUMENT # P05000083318			
1. Entity Name H2O XTREME INC.			
Principal Place of Business 2257 SW 66TH TERR DAVIE, FL 33317		Mailing Address 2257 SW 66TH TERR DAVIE, FL 33317	
2. Principal Place of Business 3270 SW 11th Ave		3. Mailing Address 3270 SW 11th Ave.	
Suite, Apt. #, etc. B		Suite, Apt. #, etc. B	
City & State Ft. Lauderdale		City & State Ft. Lauderdale	
Zip 33315		Country Broward	
4. FEI Number 55-090-2121		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURRELL, AURICE 8040 N COLONY CIRCLE #210 TAMARAC, FL 33321		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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V- BURRELL, AURICE 2257 SW 66TH TERR DAVIE, FL 33317 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURRELL, RAMON R 2257 SW 66TH TERR DAVIE, FL 33317 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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: 		Date: July 10, 06 954-270-1280	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	