2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

6/2

06-28-2006 90002 047 ***150.00

DOCUMENT # P05000083318

1. Entity Name
H2O XTREME INC.

Principal Place of Business	Mailing Address
2257 SW 66TH TERR DAVIE, FL 33317	2257 SW 66TH TERR DAVIE, FL 33317

66021763

05192006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
3270 SW. 11th Ave	3270 SW 11th Ave.
Suite, Apt. #, etc.: B	Suite, Apt. #, etc.: B
City & State: Ft. Lauderdale	City & State: Ft. Lauderdale.
Zip: 33315 Country: Broward	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 ______________________________ 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
Due by September 6, 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: ______________________________ July 10, 06 954-270-1280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #