


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90003 028 \*\*\*158.75

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DOCUMENT # P05000091611			
1. Entity Name XTREME ELECTRONIC DESIGNS, INC.			
Principal Place of Business 1004 COLLIER CENTER WAY NAPLES, FL 34110		Mailing Address 1004 COLLIER CENTER WAY NAPLES, FL 34110	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. Suite # 203		Suite, Apt. #, etc. Suite # 203	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 04-3818765		Applied For Not Applicable	
5. Certificate of Status Desired		CR2E034 (12/06)	
6. Name and Address of Current Registered Agent MCKEEMAN, JOHN C 1908 TIMARRON WAY NAPLES, FL 34109		7. Name and Address of New Registered Agent Name: Mckeeman, John C Street Address (P.O. Box Number is Not Acceptable): 1004 Collier Center Way Suite 203 City: Naples FL Zip Code: 34110	
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: <i>John C. McKeeman</i> John C. McKeeman 2/19/2007 <small>(Signature typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	P MCKEEMAN, JOHN C 1908 TIMARRON WAY NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1004 Collier Center Way Suite 203 Naples, FL 34110
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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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: <i>John C. McKeeman</i> John C. McKeeman 2/19/2007 239-207-1007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			