

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90062 038 ***158.75

DOCUMENT # P05000091611 1. Entity Name XTREME ELECTRONIC DESIGNS, INC.					
Principal Place of Business 1004 COLLIER CENTER WAY SUITE#203 NAPLES, FL 34110			Mailing Address 1004 COLLIER CENTER WAY SUITE#203 NAPLES, FL 34110		
2. Principal Place of Business - No P.O. Box # 902 Clint Moore Rd <small>Suite, Apt. #, etc.</small>		3. Mailing Address 902 Clint Moore Rd <small>Suite, Apt. #, etc.</small>			
City & State Boca Raton, FL <small>Zip</small> 33487		City & State Boca Raton, FL <small>Zip</small> 33487		4. FEI Number 04-3818765	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKEEMAN, JOHN C 1004 COLLIER CENTER WAY SUITE 203 NAPLES, FL 34110				7. Name and Address of New Registered Agent Name John C McKeeman Street Address (P.O. Box Number is Not Acceptable) 902 Clint Moore Rd City Boca Raton FL <small>Zip Code</small> 33487	
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 <u><i>John C. McKeeman</i></u> John C. McKeeman 3/05/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 1004 COLLIER CENTER WAY SUITE 203 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John C. McKeeman 902 Clint Moore Rd Boca Raton, FL 33487 <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		
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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: <u><i>John C. McKeeman</i></u> John C. McKeeman 3/05/2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					