

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000159651

FILED  
May 08, 2006  
Secretary of State

Entity Name: X-TREME LIGHTING UNLIMITED INC.

## Current Principal Place of Business:

6507 NW CHUGWATER CIRCLE  
PORT ST LUCIE, FL 34983

## New Principal Place of Business:

3306 ENTERPRISE ROAD  
FORT PIERCE, FL 34982

## Current Mailing Address:

6507 NW CHUGWATER CIRCLE  
PORT ST LUCIE, FL 34983

## New Mailing Address:

3306 ENTERPRISE ROAD  
FORT PIERCE, FL 34982

FEI Number: 56-2546627

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CALHOUN, GERI  
6507 NW CHUGWATER CIRCLE  
PORT ST LUCIE, FL 34983 US

## Name and Address of New Registered Agent:

CALHOUN, GERI  
6902 NW DOROTHY STREET  
PORT ST LUCIE, FL 34983 US

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.

SIGNATURE:

05/08/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: CECI, SCOTT  
Address: 2244 SE MANDRAKE CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VP/T ( ) Delete  
Name: CECI, SCOTT  
Address: 2244 SE MANDRAKE CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: S ( ) Delete  
Name: CECI, SCOTT  
Address: 2244 SE MANDRAKE CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT CECI

PRES

05/08/2006

Electronic Signature of Signing Officer or Director

Date