


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000091634		
1. Entity Name XTREME AQUATIC FOODS, INC.		
Principal Place of Business 185 EL PINO DRIVE NEW SMYRNA BCH, FL 32168	Mailing Address 185 EL PINO DRIVE NEW SMYRNA BCH, FL 32168	



03072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5172169	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SZUMIGALA, JENNIFER 185 EL PINO DRIVE NEW SMYRNA BCH, FL 32168	DO NOT WRITE IN THIS SPACE
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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 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
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10. OFFICERS AND DIRECTORS		<p>4000000944847 05/23/08-80116-008 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SZUMIGALA, JENNIFER 185 EL PINO DRIVE NEW SMYRNA BCH, FL 32168	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SZUMIGALA, MICHAEL 185 EL PINO DRIVE NEW SMYRNA BCH, FL 32168	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRO, RICHARD PO BOX 900931 HOMESTEAD, FL 330900931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRO, TAMELA PO BOX 900931 HOMESTEAD, FL 330900931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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: Jennifer Szumigala **JENNIFER SZUMIGALA** 4/21/08 (386)426-5795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #