

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000136590

FILED
Jul 13, 2009
Secretary of State**Entity Name:** XTREME VALUE MOTORS, INC.**Current Principal Place of Business:**4990 S SUNCOAST BLVD
HOMOSASSA, FL 34446**New Principal Place of Business:****Current Mailing Address:**4990 S SUNCOAST BLVD
HOMOSASSA, FL 34446**New Mailing Address:****FEI Number:** 20-5832179**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROPES, KAREN
6587 W OST WEST ST
HOMOSASSA, FL 34446 US**Name and Address of New Registered Agent:**

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:_____
Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: ROPES, KAREN
Address: 6587 W. OST WEST ST
City-St-Zip: HOMOSASSA, FL 34446**Title:** VP/T () Delete
Name: PHILLIPS, MARYBETH
Address: 6674 OST WEST ST
City-St-Zip: HOMOSASSA, FL 34446 US**Title:** D () Delete
Name: MATTHEWSON, CAL
Address: 6587 OST WEST ST
City-St-Zip: HOMOSASSA, FL 34446 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: RODE, PAUL
Address: 7677 W BROMIN CT
City-St-Zip: DUNNELLON, FL 34433 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KAREN ROPES

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07/13/2009

Electronic Signature of Signing Officer or Director_____
Date