2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000024772

Entity Name: XTREME TRUCKING INC.

FILED Dec 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

BOX 451603

SUNRISE, FL 33345 SUNRISE, FL 33345 US LIS

Current Mailing Address: New Mailing Address:

BOX 451603 BOX 452392

SUNRISE, FL 33345 US SUNRISE, FL 33345 US

FEI Number: 37-1563667 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLEURY, COSMIE FLEURY, COSMIE BOX 451603 BOX 452392

SUNRISE, FL 33345 SUNRISE, FL 33345 US 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: REGINALD FLEURY 12/17/2009

> 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:

PRFS

Title:

(X) Change () Addition Title: **PRFS**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete FLEURY, REGINALD FLEURY, REGINALD Name: Name: BOX 451603 BOX 452392 Address: Address:

City-St-Zip: SUNRISE, FL 33345 US City-St-Zip: SUNRISE, FL 33345 US

Title: VΡ Title: VΡ () Delete (X) Change () Addition

FLEURY, COSMIE Name: FLEURY, COSMIE Name: BOX 451603 BOX 452392 Address: Address:

SUNRISE, FL 33345 US SUNRISE, FL 33345 US City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition CEO () Delete CFO FLEURY, REGINALD FLEURY, REGINALD Name: Name:

BOX 451603 BOX 452392 Address: Address: City-St-Zip: SUNRISE, FL 33345 US City-St-Zip: SUNRISE, FL 33345 US

Title:

TRES () Delete Title: **TRES** (X) Change () Addition FLEURY, COSMIE BROWN, AMEKA Name: Name: Address: BOX 451603 Address: BOX 452392

City-St-Zip: City-St-Zip: SUNRISE, FL 33345 US SUNRISE, FL 33345 US

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: REGINALD FLEURY **PRES** 12/17/2009