


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**


05-19-2008 90037 003 \*\*\*150.00

<b>DOCUMENT # P07000079235</b>	
1. Entity Name <b>MIXED MARTIAL ARTS XTREME FIGHTING PROMOTIONS, INC.</b>	

Principal Place of Business <b>2909 W CYPRESS ST TAMPA, FL 33609</b>	Mailing Address <b>2909 W CYPRESS ST TAMPA, FL 33609</b>
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2. Principal Place of Business - No P.O. Box # <b>5202 EAGLE TRAIL DR</b>	3. Mailing Address <b>5202 EAGLE TRAIL DR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>TAMPA, FLORIDA</b>	City & State <b>TAMPA FLORIDA</b>
Zip <b>33634</b>	Zip <b>33634</b>
Country <b>USA</b>	Country <b>USA</b>

	
04232008	Chg-P CR2E034 (12/06)
4. FEI Number <b>75-3245982</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>WARCHOLA, ROBERT R 101 E KENNEDY BLVD SUITE 2800 TAMPA, FL 33602</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALESSI, PHILIP SR 2909 W CYPRESS ST TAMPA, FL 33609</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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:**  **4-23-08 813-871-2286**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #