2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

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SIGNATURE:

SIGNATURE AND

Apr 20, 2006 8:00 am Secretary of State **DOCUMENT # P99000035001** 04-20-2006 90217 025 ***150.00 THEATER XTREME ENTERTAINMENT GROUP, INC. Mailing Address Principal Place of Business 50014276 250 CORPORATE BLVD 250 CORPORATE BLVD SUITE E SUITE E NEWARK, DE 19702 NEWARK, DE 19702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04142006 Chg-P 4. FEI Number Applied For City & State City & State 65-0913583 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOVI, DAVID M.P.A. Street Address (P.O. Box Number is Not Acceptable) 319 CLEMATIS STREET **SUITE 700** WEST PALM BEACH, FL 33401 Zip Code City 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. PD Change ☐ Addition Delete TITLE TITLE OGLUM, SCOTT NAME NAME B32 TANBARK DR. #204 NAPLES, FL 34108 14702 GLEN EDEN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME VINCENZO, JAMES NAME STREET ADDRESS STREET ADDRESS 4136 PRESIDENTIAL DR LAFAYETTE HILL, PA 19444 CITY-ST-ZIE CITY-ST-7IP Change Addition Delete TITLE TITLE SCHAKELMAN, JUSTIN NAME NAME 1312 VALLEY STREAM DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEWARK, DE 19702 ☐ Change □ Addition TITLE Delete TITLE LUDLOW, JAMES NAME NAME STREET ADDRESS 7958 WOODSBLUFF RUN STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FOGELSVILLE, PA 18051 Change ☐ Addition Delete TITLE TITLE NAME HLUDZINSKI, DAVID NAME 350 RESERVOIR RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GOSHEN, NY 10924 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE SILBER, H. GREGORY NAME NAME STREET ADDRESS STREET ADDRESS 7 MARS RD CITY-ST-ZIP NEWARK, DE 19711 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 of 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.

AME OF SIGNING OFFICER OR DIRECTOR

JAMES J. VINCEND, TROPS.

FILED

ATTACHMENT 500142.76

Theater Xtreme Entertainment Group, Inc.

Addendum to 2006 For Profit Corporation Annual Report

DOCUMENT #P99000035001

Title

P

Name

Kenneth D. Warren

Address

12005 Blacksmithshop Rd.

City State Zip

Greenwood, DE 19950