


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90089 044 ***150.00

DOCUMENT # P99000035001 1. Entity Name THEATER XTREME ENTERTAINMENT GROUP, INC.	
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Principal Place of Business 250 CORPORATE BLVD SUITE E NEWARK, DE 19702	Mailing Address 250 CORPORATE BLVD SUITE E NEWARK, DE 19702
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DO NOT WRITE IN THIS SPACE

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01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0913583	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOVI, DAVID M.P.A. 319 CLEMATIS STREET SUITE 700 WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO OGLUM, SCOTT 832 TANBARK DRIVE SUITE 204 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VINCENZO, JAMES 4136 PRESIDENTIAL DR LAFAYETTE HILL, PA 19444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHAKELMAN, JUSTIN 1312 VALLEY STREAM DR NEWARK, DE 19702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUDLOW, JAMES 7958 WOODSBLUFF RUN FOGELSVILLE, PA 18051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HLUDZINSKI, DAVID 350 RESERVOIR RD GOSHEN, NY 10924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILBER, H. GREGORY 7 MARS RD NEWARK, DE 19711

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	JAMES J. VINCENZO, Treasurer Date 1/10/2007 Daytime Phone # 302-455-1334
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ATTACHMENT
40002781

Theater Xtreme Entertainment Group, Inc.

Addendum to 2007 For Profit Corporation Annual Report

DOCUMENT #P99000035001

Title	P
Name	Kenneth D. Warren
Address	12005 Blacksmithshop Rd.
City State Zip	Greenwood, DE 19950