2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000047149

City-St-Zip: FT.LAUDERDALE, FL 33328

ity Name: EXTREME RESTORATION SERVICES. INC

FILED Apr 19, 2005 Secretary of State

Entity Nai	me: EXIREN	IE RESTORATION SERVICES	5, INC.		
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
115 N BRYAN ROAD SUITE 2-D DANIA BEACH, FL 33004				4701 SW 45TH STREET BUILDING 15, BAY 21 DAVIE, FL 33314	
Current M	lailing Addre	ss:	New Mailing Addr	New Mailing Address:	
	AMINGO RD.# CITY, FL 333				
FEI Number:	: 65-0944545	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
MOGERMAN, MICHAEL A 150 S. PINE ISLAND ROAD SUITE 130 PLANTATION, FL 33324 US			150 S. PINE ISLAN SUITE 130	MOGERMAN, RICHARD M 150 S. PINE ISLAND ROAD SUITE 130 PLANTATION, FL 33324 US	
	named entity e of Florida.	submits this statement for the	purpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: RICHARD M. MOGERMAN				04/19/2005	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MOGERMAN, 1 5431 SW 109		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	SEC (MOGERMAN, 5431 SW 109		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL A. MOGERMAN PD 04/19/2005