


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90201 032 ***150.00

DOCUMENT # F04000002473 1. Entity Name OUTBACK OIL AND MINERAL EXPLORATION CORP.	
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Principal Place of Business 50 CHARLES LINDBERGH BLVD., PMB 40012 UNIONDALE, NY 11553	Mailing Address 50 CHARLES LINDBERGH BLVD., PMB 40012 UNIONDALE, NY 11553
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country



01162005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent TURAHIN, N. GEORGE 6071 GREENSPOINTE DRIVE BOYNTON BEACH, FL 33437	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____
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4. FEI Number 13-3090000	Applied For Not Applicable
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CPS TURCHIN, N. GEORGE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6071 GREENSPOINTE DRIVE			NAME			
STREET ADDRESS	BOYNTON BEACH, FL 33437			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	DVT GLEICHER, BARRY	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	50 CHARLES LINDBERGH BLVD., PMB 40012			NAME			
STREET ADDRESS	UNIONDALE, NY 11553			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D DIETERLE, GIFFORD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	50 CHARLES LINDBERGH BLVD., PMB 40012			NAME			
STREET ADDRESS	UNIONDALE, NY 11553			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Barry Martin Gleicher 4/15/05 516-229-2346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #