2008 FOR PROFIT CORPORATION ANNUAL-REPORT (AR)

FILED Feb 07, 2008 08:00 All Secretary of State DOCUMENT # F04000002473 1. Entity Name OUTBACK OIL AND MINERAL EXPLORATION CORP. Principal Place of Business Mailing Adgress 50 CHARLES LINDBERGH BLVD. 50 CHARLES LINDBERGH BLVD. **UNIONDALE NY 11553** UNIONDALE NY 11553 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 13-3090000 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent N. GEOWE TURAHIN, N. GEORGE S (P.O. Box Number is Not Accepted GVECUS POLITICADI 6071 GRÉENSPOINTE DRIVE **BOYNTON BEACH FL 33437** 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. Fam familiar with, and accept the coligations of registered agent. SIGNATURE NI GEOVAE TUVCHIN Signature, typed or primed vacyo of registered agent and too if simplicable. (NOTE: Registered Agent a gnature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Derete TIFLE Change Addition TURCHIN, N. GEORGE NAME 11000000219182 NAME STREET ADDRESS 6071 GREENSPOINTE DRIVE STREET ADDRESS 02/15/08-80072-022 150.00 CITY-ST-ZIP **BOYNTON BEACH FL 33437** CITY-ST-7IP DVT TITLE ☐ Derete TITLE ☐ Change ☐ Addition NAME GLEICHER, BARRY NAME STREET ADDRESS 50 CHARLES LINDBERGH BLVD., PMB 40012 STREET ADDRESS CITY-ST-ZIP UNIONDALE NY 11553 CITY-ST-ZIP DDE Delete TITLE ☐ Change Addition NAME DIETERLE, GIFFORD MAME STREET ADDRESS STREET ADDRESS 50 CHARLES LINDBERGH BLVD., PMB 40012 CITY-ST-ZIP UNIONDALE NY 11553 City - ST- ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY: S1-ZIP Deiete Addition MANAG STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

SIGNATURE

CITY+ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/08 (516)229-234