

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90040 026 \*\*\*150.00

**50026825**



03082005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P02000123753</b>					
1. Entity Name AAA OUTDOOR SOLUTIONS, INC.					
Principal Place of Business 501 CAPEHART DR. ORLANDO, FL 32822			Mailing Address 501 CAPEHART DR. ORLANDO, FL 32822		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 74-3070324	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RILEY, WOODY E 501 CAPEHART DR. ORLANDO, FL 32822			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RILEY, WOODY E	NAME			
STREET ADDRESS	501 CAPEHART DR.	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32822	CITY-ST-ZIP			
TITLE	V/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RILEY, APRIL N	NAME			
STREET ADDRESS	501 CAPEHART DR	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32822	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SALISBURY, JEREMIAH	NAME			
STREET ADDRESS	531 DORADO AVE.	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32807	CITY-ST-ZIP			
TITLE	<del>T</del> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<del>HYATT, LONNIE OTIS</del>	NAME			
STREET ADDRESS	<del>1150 HELEN ST</del>	STREET ADDRESS			
CITY-ST-ZIP	<del>CASSELBERRY, FL 32706</del>	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: Woody E. Riley 3-08-05 407-788-8746  
SIGNATURE AND TYPED OR PRINTED NAME OF SPONSOR, OFFICER OR DIRECTOR Date Daytime Phone #