

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90222 040 \*\*\*150.00



**DOCUMENT # P05000088635**  
 1. Entity Name  
**YOUR OUTDOORS, INC.**

Principal Place of Business      Mailing Address  
**1971 W LUMSDEN RD STE 320**      **1971 W LUMSDEN RD STE 320**  
**BRANDON, FL 33511**      **BRANDON, FL 33511**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

01092007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**20-3400291**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**



**6. Name and Address of Current Registered Agent**  
**FALLEN, CHARLES H M**  
**712 DORADO CT**  
**BRANDON, FL 33511**

**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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	FALLEN, CHARLES H III	
STREET ADDRESS	712 DORADO CT	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWEENEY, MARTY	
STREET ADDRESS	1717 MAIN ST, 2300 BANK ONE TOWER	
CITY-ST-ZIP	DALLAS, TX 75291	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREAKER, LORRIE	
STREET ADDRESS	238 VILLAGE DR	
CITY-ST-ZIP	DALLAS, TX 75287	
TITLE	P	<input type="checkbox"/> Delete
NAME	TRUNZO, JEFFREY D	
STREET ADDRESS	6063 SABAL CREEK BLVD	
CITY-ST-ZIP	PORT ORANGE, FL 32128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G. RAY MILLER	
STREET ADDRESS	1971 E. LUMSDEN RD., STE. 320	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empoweled.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #