2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2011
Secretary of State

DOCUMENT# P05000154404

Entity Name: FRONTIER OUTFITTERS INC

Current Principal Place of Business:

1150 HAMILTON LANE SPACE #60
CHOKOLOSKEE, FL 34138

New Principal Place of Business:

305 N STORTOR AVE. UNIT 331
EVERGLADES CITY, FL 34139

Current Mailing Address:

PO BOX 694
CHOKOLOSKEE, FL 34138

New Mailing Address:

FEI Number: 75-3204296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMPHERE, WADE
LOT #60 1150 HAMILTON LANE
CHOKOLOSKEE, FL 34138 US

Name and Address of New Registered Agent:

LAMPHERE, WADE
305 N STORTOR AVE. UNIT 331
EVERGLADES CITY, FL 34139 US

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.

SIGNATURE: _____ 02/08/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P/D
Name: LAMPHERE, WADE
Address: 305 N STORTOR AVE. UNIT 331
City-St-Zip: EVERGLADES CITY, FL 34139

Title: VP
Name: LAMPHERE, MARK ANDREW JR.
Address: 305 N STORTOR AVE. UNIT 331
City-St-Zip: EVERGLADES CITY, FL 34139

Title: T/D
Name: LAMPHERE, GINA
Address: 305 N STORTOR AVE. UNIT 331
City-St-Zip: EVERGLADES CITY, FL 34139

Title: S
Name: LAMPHERE, LINDSEY
Address: 305 N STORTOR AVE. UNIT 331
City-St-Zip: EVERGLADES CITY, FL 34139

I hereby 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 all other like empowered.

SIGNATURE: GINA LAMPHERE T/D 02/08/2011
Electronic Signature of Signing Officer or Director — Date