2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P06000039362

Entity Name: DOWN UNDER & BEYOND, INC.

Current Principal Place of Business:

2248 MERIDIAN BLVD.
STE. H
MINDEN, NV 89423 US

New Principal Place of Business:

Current Mailing Address:

C/O ACTIVE FINANCIAL ANSWERS
PO BOX 5845
MAROOCHYDORE, QLD, QL 4558 AU

New Mailing Address:

2-4 WALLABY WAY
HORSESHOE BAY QLD, QL 4819 AU

FEI Number: 20-4546632 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DETWEILER, GERRI
1037 GREYSTONE LANE
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete
Name: STRANGE, SHELLEY A
Address: 38 BALLINA STREET
City-St-Zip: POTTSVILLE QLD, QL 2489 AU

Title: DIR ( ) Delete
Name: DUNN, LISA
Address: 2-4 WALLABY WAY
City-St-Zip: HORSESHOE BAY QLD, QL 4819 AU

Title: P ( ) Delete
Name: STRANGE, SHELLEY A
Address: 38 BALLINA STREET
City-St-Zip: POTTSVILLE NSW, NS 2489 AU

Title: S ( ) Delete
Name: DUNN, LISA M
Address: 2-4 WALLABY WAY
City-St-Zip: HORSESHOE BAY QLD, QL 4819 AU

Title: T ( ) Delete
Name: STRANGE, SHELLEY A
Address: 38 BALLINA STREET
City-St-Zip: POTTSVILLE NSW, NS 2489 AU

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LISA DUNN MRS 04/28/2008

Electronic Signature of Signing Officer or Director Date