

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000039362

FILED
May 12, 2009
Secretary of State

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:

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

New Mailing Address:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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

S

05/12/2009

Electronic Signature of Signing Officer or Director

_____ Date