

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90069 020 ***150.00

DOCUMENT # P98000014942

1. Entity Name
 CELLULAR OUTFITTERS, INC.



Principal Place of Business
 1500 U.S. HIGHWAY 27 SOUTH
 SUITE B
 CLERMONT, FL 34711

Mailing Address
 1500 U.S. HIGHWAY 27 SOUTH
 SUITE B
 CLERMONT, FL 34711

40009581



2. Principal Place of Business
 2560 EAST U.S. HWY 50
 Suite, Apt. #, etc.
 SUITE #108

3. Mailing Address
 2560 EAST U.S. HWY 50
 Suite, Apt. #, etc.
 SUITE #108

01272005 Chg-P CR2E034 (10/03)

City & State
 CLERMONT, FL

City & State
 CLERMONT, FL

4. FEI Number
 59-3516151

Applied For
 Not Applicable

Zip
 34711

Country
 LAKE

Zip
 34711

Country
 LAKE

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

6. Name and Address of Current Registered Agent
 JORDAN, EDWARD P II
 13543 E HWY 50
 CLERMONT, FL 34711

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 _____

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MCKAY, DAVID J	
STREET ADDRESS	2560 EAST U.S. HWY 50	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCKAY, DAVID	
STREET ADDRESS	2560 EAST U.S. HWY. 50	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCKAY, DAVID	
STREET ADDRESS	2560 EAST U.S. HWY 50	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCKAY, DAVID	
STREET ADDRESS	2560 EAST U.S. HWY 50	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKAY, DAVID	
STREET ADDRESS	2560 EAST U.S. HWY. 50	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, DAVID	
STREET ADDRESS	2560 EAST U.S. HWY 50, STE #108	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, DAVID	
STREET ADDRESS	2560 EAST U.S. HWY 50, STE 108	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, DAVID	
STREET ADDRESS	2560 EAST U.S. HWY 50, STE 108	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, DAVID	
STREET ADDRESS	2560 EAST U.S. HWY 50, STE 108	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, DAVID	
STREET ADDRESS	2560 EAST U.S. HWY 50, STE 108	
CITY-ST-ZIP	CLERMONT, FL 34711	
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 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: David McKay Date: 1/27/05 Daytime Phone #: 352-243-1120