

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90014 017 \*\*\*150.00

DOCUMENT # P98000014942

1. Entity Name  
 CELLULAR OUTFITTERS, INC.



Principal Place of Business  
 2560 EAST US HWY 50 STE #108  
 CLERMONT, FL 34711

Mailing Address  
 2560 EAST US HWY 50 STE #108  
 CLERMONT, FL 34711

40008460



2. Principal Place of Business  
 600 N. HWY 27  
 Suite, Apt. #, etc.

3. Mailing Address  
 600 N. HWY 27  
 Suite, Apt. #, etc.

01172006 Chg-P CR2E034 (11/05)

City & State  
 MINNEOLA FL  
 Zip Country  
 34715 LAKE

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 MINNEOLA FL  
 Zip Country  
 34715 LAKE

4. FEI Number  
 59-3516151 Applied For  
 Not Applicable

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: JORDAN, EDWARD P. II  
 Street Address (P.O. Box Number is Not Acceptable):  
 604 N. HWY 27  
 City: MINNEOLA FL Zip Code: 34715

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKAY, DAVID B. 2560 EAST US HWY 50 STE 108 CLERMONT, FL 34711 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKAY, DAVID 2560 EAST US HWY 50 STE 108 CLERMONT, FL 34711 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKAY, DAVID 2560 EAST US HWY 50 STE 108 CLERMONT, FL 34711 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKAY, DAVID 2560 EAST US HWY 50 STE 108 CLERMONT, FL 34711 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKAY, DAVID 2560 EAST US HWY 50 STE 108 CLERMONT, FL 34711 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKAY, DAVID B. 600 N. HWY 27 MINNEOLA, FL 34715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKAY, DAVID B. 600 N. HWY 27 MINNEOLA, FL 34715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKAY, DAVID B. 600 N. HWY 27 MINNEOLA, FL 34715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKAY, DAVID B. 600 N. HWY 27 MINNEOLA, FL 34715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKAY, DAVID B. 600 N. HWY 27 MINNEOLA, FL 34715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: David B. McKay Date: 1-31-06 Daylene Frantz # 352-242-2177