

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P97000075376

1. Entity Name
OUT A MIND, INC.



Principal Place of Business
121 ALHAMBRA PLAZA
PENTHOUSE I, SUITE 1600
CORAL GABLES, FL 33134

Mailing Address
121 ALHAMBRA PLAZA
PENTHOUSE I, SUITE 1600
CORAL GABLES, FL 33134



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0782709	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RENTZ, R. LARRY
121 ALHAMBRA PLAZA
PENTHOUSE I, SUITE 1600
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORRIS, W. ALLEN
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	D
NAME	BELL, JAMES F JR.
STREET ADDRESS	1160 JOHNSON FERRY ROAD
CITY-ST-ZIP	ATLANTA, GA 30319

TITLE	T
NAME	GIL, YAZMIN
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	V
NAME	GRAHAM, DALE I
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	V
NAME	RENTZ, R. LARRY
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000740504
05/14/07-80069-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-07

Date

Daytime Phone #