

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000797

FILED
May 09, 2006
Secretary of State

Entity Name: CDR OUTLET, INC.

Current Principal Place of Business:

874 SUGAR GROVE CT
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

874 SUGAR GROVE CT
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 88-0421414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAFFORD, STEVE
874 SUGAR GROVE CT
PORT ORANGE, FL 32129 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: P () Delete
Name: STAFFORD, STEVE
Address: 874 SUGAR GROVE CT.
City-St-Zip: PORT ORANGE, FL

Title: S () Delete
Name: STAFFORD, ELVIA G
Address: 874 SUGAR GROVE CT.
City-St-Zip: PORT ORANGE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: STEVE STAFFORD

P

05/09/2006

Electronic Signature of Signing Officer or Director

_____ Date