2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State
08-01-2005 90025 017 ***150.00

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DOCUMENT # F04000007198

1. Entity Name
SEDONA OUTPOST, INC.

Principal Place of Business	Mailing Address
115 FOREST VIEW DRIVE SEDONA, AZ 86336	115 FOREST VIEW DRIVE SEDONA, AZ 86336

05152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
550 S. Rosemary Ave.	550 S. Rosemary Ave.
Suite, Apt. #, etc.: Suite 158	Suite, Apt. #, etc.: Suite 158
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33401 Country: USA	Zip: 33401 Country: USA

4. FEI Number 86-0652921 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TRUJILLO, NICOLAS
3650 E 10TH COURT
HIALEAH, FL 33103

7. Name and Address of New Registered Agent

Name IRWIN H. MITTELMAN
Street Address (P.O. Box Number is Not Acceptable) 550 S. Rosemary Ave., Suite 158
City West Palm Beach FL Zip Code 33401

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] Vice President DATE 7/7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVT MITTELMAN, IRWIN H 115 FOREST VIEW DRIVE SEDONA, AZ 86336	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVCS MITTELMAN, MICHELE 115 FOREST VIEW DRIVE SEDONA, AZ 86336	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] IRWIN H. MITTELMAN 7/7/05 (561)366-9588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #