2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 08, 2004 8:00 am Secretary of State DOCUMENT # F26422 1. Entity Name 04-08-2004 90012 010 ***158.75 OUTDOOR OUTFITTERS, INC. Principal Place of Business Mailing Address 2965 W ST RD 84 FT LAUDERDALE FL 33312 2965 W ST RD 84 FORT LAUDERDALE FL 33312-4823 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (1.1/03) MOORE City & State City & State Applied For 4. FEI Number 59-2101658 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEORGE M. DEVINC IRVINE JR., GEORGE M. Street Address (P.O. Box Number is Not Acceptable) 2965 W. STATE ROAD #84 2965 W. STATE RAAD 84 FORT LAUDERDALE FL 33312 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. GEORGE M. TRUME III PRES. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DC ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME IRVINE, GEORGE M JR. NAME STREET ADDRESS 2965 W.STATE RD.#84 STREET ADDRESS FORT LAUDERDALE FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition IRVIRE, JOAN M NAME NAME STREET ADDRESS 2965 W STATE RD 84 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition COLLER, SCOT M NAME STREET ADDRESS 2965 W STATE RD 84 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL LEORGE M. LEDEUE ITT TITLE ☐ Delete NAME NAME 2945 W. STATE ROAD 84 STREET ADDRESS STREET ADDRESS ET. LAWDERDAGE FL 33312 CITY-ST-ZIE CITY-ST-7(P TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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.

FILED