2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2007 08:00 AM **DOCUMENT # F97000002521 Secretary of State** TOM MIRANDA OUTDOORS, INC. Principal Place of Business Mailing Address 1146 LARCHMONT DRIVE P.O. BOX 806 ENGLEWOOD, FL 34223 ENGLEWOOD, FL 34295 US CR2E034 (11/05) 01052007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 46-0414387 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIRANDA, TOM DO NOT WRITE 1146 LARCHMONT DRIVE ENGLEWOOD, FL 34223 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registored agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000580487 01/10/07-80050-002 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. CPV TITLE MIRANDA, TOM NAME STREET ADDRESS 1146 LARCHMONT DRIVE CITY - ST - ZIP ENGLEWOOD, FL 34223 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 a address. With all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-2007 941-474.156

FILED

Daytime Phone