


J40099

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J40099 1. Entity Name OUTDOOR ASSOCIATES, INC.	
---	---

Principal Place of Business 9930 NW 59TH COURT PARKLAND, FL 33076	Mailing Address 9930 NW 59TH COURT PARKLAND, FL 33076
---	---

DO NOT WRITE IN THIS SPACE

06 FEB 16 AM 9:00

66000884



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2746216	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FELS, LEONARD R.
1320 SOUTH DIXIE HIGHWAY
SUITE 200
CORAL GABLES, FL 33146**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	POVEROMO, GEORGE
STREET ADDRESS	9930 NW 59TH COURT
CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

400066392604
02/22/06--01036--024 **150.00

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: George Poveromo 1/14/06 954-240-1529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #