2005 FOR PROFIT CORPORATION

FILED Mar 31, 2005 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # K34833** 1. Entity Name AMUSEMENT CANVASS OUTFITTERS, INC. Principal Place of Business Mailing Address 3723 NEBRASKA 3723 NEBRASKA TAMPA, FL 33603-5013 US TAMPA, FL 33603-5013 US 03192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 62-1369579 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent BECKETT, LYNNE DO NOT WRITE 1726 WEST HUMPHREY TAMPA, FL 33604 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agant alignature required when reinstalling) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 03/31/05-80042-007 150.00 \Box Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE BECKETT, LYNNE NAME STREET ADDRESS 1726 WEST HUMPHREY CITY-ST-ZIP TAMPA, FL 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 STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 to true the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

SIGNATURE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP