


**-2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L52909</b> 1. Entity Name <b>OUTSIGHT, INC.</b>	
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Principal Place of Business <b>1407 MD LANE STE A TALLAHASSEE, FL 32308</b>	Mailing Address <b>1407 MD LANE STE A TALLAHASSEE, FL 32308</b>
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**DO NOT WRITE IN THIS SPACE**



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3000525**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MUNASIFI, FAISAL A.  
1407 M.D. LANE  
TALLAHASSEE, FL 32308**

**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. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNASIFI, FAISAL A. 2606 ARMSTRONG DRIVE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRODSKY, LEWIS 3317 N. SHORE CIRCLE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEER, CONNIE L. 1816 S. MAGNOLIA TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000495061  
04/20/06-80072-002 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

Date: **4/4/06** Filing Price: #