

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001290

FILED
Apr 12, 2008
Secretary of State

Entity Name: OUT 'N ABOUT SINGLES, INC.

Current Principal Place of Business:

4431 GASTON STREET
WEEKI WACHEE, FL 34607

New Principal Place of Business:

10349 GOLDEN AVENUE
WEEKI WACHEE, FL 34613

Current Mailing Address:

POST OFFICE BOX 1013
BROOKSVILLE, FL 34605

New Mailing Address:

FEI Number: 51-0496421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUMANDO, ANGELA
4431 GASTON STREET
SPRING HILL, FL 34607 US

Name and Address of New Registered Agent:

VILA, GRACE
10349 GOLDEN AVENUE
WEEKI WACHEE, FL 34613 US

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.

SIGNATURE: GRACE VILA

04/12/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUNNELL, PATRICIA
Address: C/O POST OFFICE BOX 1013
City-St-Zip: BROOKSVILLE, FL 34605

Title: VP () Delete
Name: HERMAN, BARBARA
Address: C/O POST OFFICE BOX 1013
City-St-Zip: BROOKSVILLE, FL 34605

Title: TD () Delete
Name: FUMANDO, ANGELA
Address: C/O POST OFFICE BOX 1013
City-St-Zip: BROOKSVILLE, FL 34605

Title: SD () Delete
Name: JUDD, JEREL
Address: C/O POST OFFICE BOX 1013
City-St-Zip: BROOKSVILLE, FL 34605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CROUSE, SHARON
Address: C/O POST OFFICE BOX 1013
City-St-Zip: BROOKSVILLE, FL 34605

Title: VP (X) Change () Addition
Name: SEYMOUR, SHELLIE
Address: C/O POST OFFICE BOX 1013
City-St-Zip: BROOKSVILLE, FL 34605

Title: TD (X) Change () Addition
Name: VILA, GRACE
Address: C/O POST OFFICE BOX 1013
City-St-Zip: BROOKSVILLE, FL 34605

Title: SD (X) Change () Addition
Name: OLSON, JENNIFER
Address: C/O POST OFFICE BOX 1013
City-St-Zip: BROOKSVILLE, FL 34605

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRACE VILA

TREA

04/12/2008

Electronic Signature of Signing Officer or Director

Date