



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N11662 1. Entity Name OUTPOST MISSION, INC.	
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Principal Place of Business 11922 S.E. COUNTY RD 763 C/O DONALD T. CLARKE, SR. ARCADIA, FL 34266	Mailing Address 11922 S.E. COUNTY RD 763 C/O DONALD T. CLARKE, SR. ARCADIA, FL 34266
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01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2605270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARKE, DONALD T PD
 11922 S.E. COUNTY RD 763
 ARCADIA, FL 34266

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000778769
 01/11/08-80011-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARKE, DONALD T 11922 S.E. COUNTY RD 763 ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARKE, FAY L 11922 S.E. COUNTY RD 763 ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ES WALSH, BOB 2100 KINGS HWY #261 PORT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BATDORF, KURVIN POTTSVILLE STREEET HERNDON, PA 17830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 617, 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: Jay L. Clarke Fay L. Clarke 1-5-08 8639933294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #