



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N20550					
1. Entity Name ROCK-OUT AUBURNDALE, INCORPORATED					
Principal Place of Business 115 PATTERSON DRIVE AUBURNDALE FL 33823		Mailing Address 115 PATTERSON DRIVE AUBURNDALE FL 33823			
2. Principal Place of Business Suite, Apt. #, etc		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent GABALDON, ADRIAN 210 S. BARTOW AVENUE AUBURNDALE FL 33823				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-registering) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	JAMES, ANN		NAME		
STREET ADDRESS	115 PATTERSON DR.		STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL 33823		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	UETRECHT, JIM		NAME		
STREET ADDRESS	1070 MOTORCOACH DR		STREET ADDRESS		
CITY-ST-ZIP	POLK CITY FL 33868-9179		CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	BULLOCK, JANICE		NAME		
STREET ADDRESS	123-4TH ST JPV		STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL		CITY-ST-ZIP		
TITLE	TRS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	LAMB, MARY		NAME		
STREET ADDRESS	2040 SAN MARCOS DR #105		STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	MULFORD, GERRI		NAME		
STREET ADDRESS	RT . 1 BOX 308		STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	BORKOWSKI, DOLORES		NAME		
STREET ADDRESS	102 JOSEPH CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL 33823		CITY-ST-ZIP		

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 02/21/06-80068-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Adrian Gabaldon* *Ann W. James* February 7, 2006 8/29/06 15879