

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 10, 2007
Secretary of State**

DOCUMENT# N29122

Entity Name: OUTDOORS & ACTIVE, INC.

Current Principal Place of Business:

P.O. BOX 948131
MAITLAND, FL 327948131

New Principal Place of Business:

391 PRAIRIE LAKE COVE
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

P.O. BOX 948131
MAITLAND, FL 327948131

New Mailing Address:

FEI Number: 59-2956518 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, TIMOTHY J
391 PRAIRIE LAKE COVE
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

- Title: P () Delete
Name: ABEEL, CINDY
Address: 903 PARK LAKE CIRCLE
City-St-Zip: MAITLAND, FL 32751
- Title: D () Delete
Name: HALLE, BOBBI
Address: 783 WINDWILLOW CIRCLE
City-St-Zip: WINTER SPRINGS, F 32708
- Title: T () Delete
Name: MURPHY, TIMOTHY
Address: 391 PRAIRIE LAKE COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701
- Title: D () Delete
Name: ROE, SUE
Address: 5450 LAKE MARGARET DRIVE #1407
City-St-Zip: ORLANDO, FL 32812
- Title: V () Delete
Name: SHIENVOLD, FRAN
Address: 4108 LAKE UNDERHILL RD #107
City-St-Zip: ORLANDO, FL 32803
- Title: S () Delete
Name: LYNCH, JAY
Address: 445 CAROLYN DRIVE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY J MURPHY

T

04/10/2007

Electronic Signature of Signing Officer or Director

Date