

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2008
Secretary of State

DOCUMENT# N29122

Entity Name: OUTDOORS & ACTIVE, INC.

Current Principal Place of Business:

391 PRAIRIE LAKE COVE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

366 WINCHESTER PLACE
LONGWOOD, FL 32779

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:

HULETT, ALVAH P
366 WINCHESTER PLACE
LONGWOOD, FL 32779 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: ALVAH P. HULETT

01/19/2008

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: T (X) Change () Addition
Name: HULETT, ALVAH
Address: 366 WINCHESTER PLACE
City-St-Zip: LONGWOOD, F 32779

Title: S (X) Change () Addition
Name: LOCKMAN, KAREN
Address: 1271 ERDMAN CT
City-St-Zip: APOPKA, FL 32703

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

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

Title: D (X) Change () Addition
Name: STRATTON, LOU ANN
Address: 434 CITRUS LANE
City-St-Zip: MAITLAND, FL 32751

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: ALVAH P. HULETT

T

01/19/2008

Electronic Signature of Signing Officer or Director

Date