


2006

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N42353 1. Entity Name SCOUT HUT, INC.	
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Principal Place of Business C/O CRAIG O'DELL 12 SHUMARD CT N HOMOSASSA, FL 34448 US	Mailing Address C/O CRAIG O'DELL 12 SHUMARD CT N HOMOSASSA, FL 34448 US
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01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3059279 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'DELL, PHILLIP CRAIG
12 SHUMARD CT. N
HOMOSASSA, FL 34446

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

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

1170000384354
11/17/06-80009-009 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'DELL, CRAIG 2301 S SUNCOAST BLVD HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUNSELL, CINDY 1085 WEST WIND BREEZE COURT LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEEPER, PAUL 2918 W ESCRAM CIR LANE LECANTO, FL 33429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIMER, KENNETH R 4570 S. LEISURE BLVD. LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Phillip C O'Dell 1/12/06 352-795-1811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #