


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N42353
 1. Entity Name
SCOUT HUT, INC.



Principal Place of Business
C/O CRAIG O'DELL
12 SHUMARD CT N
HOMOSSASSA, FL 34448 US

Mailing Address
C/O CRAIG O'DELL
12 SHUMARD CT N
HOMOSSASSA, FL 34448 US

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01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3059279	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
O'DELL, PHILLIP CRAIG
12 SHUMARD CT. N
HOMOSSASSA, FL 34446

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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: *Phillip Craig O'Dell* DATE: 1/4/07

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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'DELL, CRAIG 2301 S SUNCOAST BLVD HOMOSSASSA, 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	

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 01/05/07-80008-009 61.25

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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: *Phillip Craig O'Dell* DATE: 1/4/07 DAYTIME PHONE #: 352/795-1811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR