


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90148 012 ****70.00

DOCUMENT # N93000003195			
1. Entity Name PATHFINDER OUTDOOR EDUCATION, INC.			
Principal Place of Business 3125 5TH AVENUE NORTH SUITE A-2 ST. PETERSBURG FL 33713 US		Mailing Address 3125 5TH AVENUE NORTH SUITE A-2 ST. PETERSBURG FL 33713 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-3252028		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent LANE, MARCIA E 3125 5TH AVENUE NORTH SUITE A-2 ST. PETERSBURG FL 33713		7. Name and Address of New Registered Agent Name: Lasher, S. Scott Street Address (P.O. Box Number is Not Acceptable): 3125 5th Ave. N. Suite A-2 City: St. Petersburg FL Zip Code: 33713	
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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: Scott Lasher / S. Scott Lasher DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: ED NAME: LANE, MARCIA E STREET ADDRESS: 3125 5TH AVENUE NORTH SUITE A-2 CITY - ST - ZIP: ST. PETERSBURG FL 33713	<input checked="" type="checkbox"/> Delete	TITLE: ED NAME: LASHER, S. SCOTT STREET ADDRESS: 3125 5th Ave. N. Suite A-2 CITY - ST - ZIP: ST. PETERSBURG, FL 33713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: HARRIET, KONSTANTINIDIS STREET ADDRESS: 301 4TH ST. S.W. CITY - ST - ZIP: LARGO FL 33770	<input checked="" type="checkbox"/> Delete	TITLE: CHAIRPERSON NAME: ELLIS, ASTRID STREET ADDRESS: 2735 WHITNEY RD. CITY - ST - ZIP: CLEARWATER, FL 33760	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SEC NAME: LANE, MARCIA E STREET ADDRESS: 3125 5TH AVENUE NORTH SUITE A-2 CITY - ST - ZIP: ST. PETERSBURG FL 33713	<input checked="" type="checkbox"/> Delete	TITLE: VICE CHAIRPERSON NAME: LANE, MARCIA STREET ADDRESS: 1442 KINGWOOD ST CITY - ST - ZIP: YPSILANTI, MI 48197	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TREA NAME: HARRIET, KONSTANTINIDIS STREET ADDRESS: 301 4TH ST. S.W. CITY - ST - ZIP: LARGO FL 33770	<input checked="" type="checkbox"/> Delete	TITLE: SECRETARY NAME: BARNES, MOLLY STREET ADDRESS: 15724 PUCKETT RD. CITY - ST - ZIP: DADE CITY, FL 33525	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SED NAME: LUNG, DANA M STREET ADDRESS: 3125 5TH AVENUE NORTH SUITE A-2 CITY - ST - ZIP: ST. PETERSBURG FL 33713	<input checked="" type="checkbox"/> Delete	TITLE: TREASURER NAME: ELSEY, MATT STREET ADDRESS: 2740 WESTCHESTER DR. S. CITY - ST - ZIP: CLEARWATER, FL 33760	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Scott Lasher / S. Scott Lasher DATE: 3/27/07