2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007
Secretary of State

DOCUMENT# N98000004130

Entity Name: NEXT STEP OUTBACK, INC.

Current Principal Place of Business:

2245 CRICKET RIDGE DR.
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

2245 CRICKET RIDGE DR.
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 59-3521189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LANCASTER, GREG Z
2245 CRICKET RIDGE DRIVE
CANTONMENT, FL 32533 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: D ( ) Delete
Name: LANCASTER, DONNA
Address: 2245 CRICKET RIDGE DR
City-St-Zip: CANTONMENT, FL 32533

Title: STD ( ) Delete
Name: HAMILTON, PATRICK
Address: 6699 DEVIN CIR
City-St-Zip: PENSACOLA, FL 32526

Title: PD ( ) Delete
Name: LANCASTER, GREG
Address: 2245 CIRCKET RIDGE DR
City-St-Zip: CANTONMENT, FL 32533

Title: D ( ) Delete
Name: HAMILTON, CHRISTOPHER
Address: 230 MARIGOLD DR. APT.P1-103
City-St-Zip: PENSACOLA, FL 32507

Title: D ( ) Delete
Name: LIPSCOMB, BUFORD
Address: 16461 INNERARITY POINT ROAD
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change ( ) Addition
Name: HAMILTON, PATRICK
Address: 3085 WOODBURY CIR
City-St-Zip: CANTONMENT, FL 32533

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

Title: D (X) Change ( ) Addition
Name: HAMILTON, CHRISTOPHER
Address: 1020 BARTOW AVE.
City-St-Zip: PENSACOLA, FL 32507

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

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: PAT HAMILTON STD 05/14/2007

Electronic Signature of Signing Officer or Director — Date