2006 FOR PROFIT CORPORATION

Apr 19, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P00000060421 04-19-2006 90089 030 ***150.00 1. Entity Name GILCHRIST OUTFITTERS, INC. Principal Place of Business Mailing Address 4,00~ 3300 S.E. 4TH PLACE **360 CENTRAL AVENUE** ST. PETERSBURG, FL 33701 TRENTON, FL 32693 02272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3655859 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRUBAKER, RICHARD M DO NOT WRITE 360 CENTRAL AVENUE SAINT PETERSBURG, FL 33701 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE BRUBAKER, RICHARD M NAME STREET ADDRESS 360 CENTRAL AVENUE ST. PETERSBURG, FL 33701 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this liber 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 607, 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE A

O OR PRINTED NAME OF NING OFFICER OR DIRECTOR RICHARD M. BRUBAKER,

FILED