2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2007 8:00 am Secretary of State DOCUMENT # P00000060421 04-24-2007 90008 010 ***150.00 GILCHRIST OUTFITTERS, INC. Principal Place of Business Mailing Address 40078917 3300 S.E. 4TH PLACE 360 CENTRAL AVENUE TRENTON, FL 32693 ST. PETERSBURG, FL 33701 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122007 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 59-3655859 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRUBAKER, RICHARD M Street Address (P.O. Box Number is Not Acceptable) 360 CENTRAL AVENUE SAINT PETERSBURG, FL 33701 Zip Code 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 if applicable (NOTE: Registered Agent signature required when registating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRUBAKER, RICHARD M. NAME NAME 360 CENTRAL AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33701 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete TITLE Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied that 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 received in true true 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 accress with all other like empowered.

SIGNATURE:

Richard M. Brubaker 4/13/2007 OF SIGNING OFFICER OR DIRECTOR

FILED