2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# P03000023890

Entity Name: OUTTA SIGHT, INC.

Current Principal Place of Business:

900 FT. PICKENS ROAD, #824
PENSACOLA BEACH, FL 32561

New Principal Place of Business:

Current Mailing Address:

992 HOWARD AVE
BILOXI, MS 39530

New Mailing Address:

FEI Number: 13-4240481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSHNELL, JENNIFER L
30 SOUTH SPRING STREET
PENSACOLA, FL 32501 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MEYERS, MICHAEL W
Address: 112 BEVERLY DR
City-St-Zip: BAY ST LOUIS, MS 39520

Title: VTS ( ) Delete
Name: CANNON, KELLY
Address: 137 HWY 90
City-St-Zip: WAVELAND, MS 39576

Title: V ( ) Delete
Name: CANONICI, DAVID
Address: 1160 HOLLY BLUFF CIRCLE
City-St-Zip: BILOXI, MS 39532

Title: V ( ) Delete
Name: WARREN, JR, E G
Address: 8 POPLAR CIRCLE
City-St-Zip: GULFPORT, MS 39507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MEYERS, MICHAEL W
Address: 211 OLD BAY LANE
City-St-Zip: BAY ST LOUIS, MS 39520

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A CANONICI V 04/20/2009

Electronic Signature of Signing Officer or Director Date