2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2005 08:00 AM Secretary of State DOCUMENT # P03000031051 1. Entity Name OUTLANDER, INC. Principal Place of Business Mailing Address 4115 TREASURE CIR 4115 TREASURE CIR TAMPA, FL 33616 TAMPA, FL 33616 04072005 No Chg-P GR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 41-2084469 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MCDUFFIE. RONALD DO NOT WRITE 4115 TREASURE CIR TAMPA, FL 33616 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MCDUFFIE, RONALD STREET ADDRESS 4115 TREASURE CIR U000000301852 CITY-ST-ZIP **TAMPA, FL 33616** 04/13/05-80047-020 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY_ST_7IP TITLE NEME STREET ADDRESS CITY-ST-ZIP but n supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information plemental 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 liver or trustee propowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 12. I hereby certify that the information indicated on this report or su

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