2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 25, 2005 08:00 AM Secretary of State **DOCUMENT # P03000031736** 1. Entity Name OUTTA THE WOODS, INC. Principal Place of Business Mailing Address 9753 PORTSIDE DRIVE 9753 PORTSIDE DRIVE SEMINOLE, FL 33776 SEMINOLE, FL 33776 01042005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 74-3082744 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIMS, MARK L DO NOT WRITE 9753 PORTSIDE DRIVE SEMINOLE, FL 33776 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 UDD0000276171 Trust Fund Contribution. Added to Fees /05-80926-017 150.00 OFFICERS AND DIRECTORS 10. TITLE SIMS, MARK NAME STREET ADDRESS 9753 PORTSIDE DRIVE CITY-ST-7IP SEMINOLE, FL 33776 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS C!TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED