

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90091 025 \*\*\*150.00

<b>DOCUMENT # P03000080240</b>					
<b>1. Entity Name</b> WAY OUT WEAR DESIGN COMPANY INCORPORATED					
<b>Principal Place of Business</b> 659 FLORIDA CENTRAL PARKWAY LONGWOOD, FL 32750			<b>Mailing Address</b> 851 ESCABAR DRIVE ALTAMONTE SPRINGS, FL 32714		
<b>2. Principal Place of Business - No P.O. Box #</b> 640 Douglas Ave Suite, Apt. #, etc. 1508 City & State Altamonte FL Zip 32714 Country Seminole			<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country		
<b>4. FEI Number</b> 06-1701917			Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> WILLIAMS, CORNBREAD 851 ESCABAR DRIVE ALTAMONTE SPRINGS, FL 32714			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILLIAMS, CORNBREAD 851 ESCABAR DRIVE ALTAMONTE SPRINGS, FL 32714		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>12. I hereby certify that the information supplied with this filing 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.</b>					
<b>SIGNATURE</b> <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/30/07 4078341701 Date Daytime Phone #		