2/7/2005-90081-032-$150.00-$150.00

APPROVED AND FILED

05 MAR -7 PM 12:09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000088322

1. Entity Name
ULTIMATE OUTDOOR ADVENTURES, INC.

Principal Place of Business	Mailing Address
205 SILVER SANDS LANE LANTANA, FL 33462	205 SILVER SANDS LANE LANTANA, FL 33462

01182005 Chg-P CR2E034 (10/03) MRD

2. Principal Place of Business		3. Mailing Address	
c/o ASSET SPECIALISTS, INC.		c/o ASSET SPECIALISTS, INC.	
Suite, Apt. #, etc.: 2442 METROCENTRE BLVD.		Suite, Apt. #, etc.: 2442 METROCENTRE BLVD.	
City & State: WEST PALM BEACH, FL		City & State: WEST PALM BEACH, FL	
Zip: 33407	Country: USA	Zip: 33407	Country: USA

4. FEI Number: 90-0120506 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GIBSON, THOMAS R 205 SILVER SANDS LANE LANTANA, FL 33462	Name: GIBSON, THOMAS R. Street Address (P.O. Box Number is Not Acceptable): c/o ASSET SPECIALISTS, INC. 2442 METROCENTRE BLVD. City: WEST PALM BEACH FL Zip Code 33407

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GIBSON, THOMAS R 205 SILVER SANDS LANE LANTANA, FL 33462 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GIBSON, THOMAS R. c/o ASSET SPECIALISTS, INC. 2442 METROCENTRE BOULEVARD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WEST PALM BEACH, FL 33407 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information 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 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.

SIGNATURE: [signature] Thomas R. Gibson, PVST 2/2/05 561-689-0220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #