2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State
02-23-2007 90030 014 ***150.00

DOCUMENT # P03000138992

1. Entity Name
OUTBOARD SERVICES, INC.

Principal Place of Business
9601 INDIANA ST
GIBSONTON, FL 33534

Mailing Address
6210 OHIO AVE
GIBSONTON, FL 33534

02192007 Chg-P CR2E034 (12/06)

2. Principal Place of Business
6210 Ohio Ave
Suite, Apt #, etc
Gibsonton, Fl
City & State
33534
Zip
Country
USA

3. Mailing Address
Suite, Apt #, etc
City & State
Zip

4. FEI Number
20-0451341

Applied For / Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAMARCA, JOSEPH T OWNER
10929 GOLDEN SILENCE DR
RIVERVIEW, FL 33569

7. Name and Address of New Registered Agent

Name: Joseph LaMarca
Street Address (P.O. Box Number is Not Acceptable)
6210 Ohio Ave
Gibsonton FL 33534

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] Joseph LaMarca Owner 2-20-07

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CEO	[ ] Delete
NAME	LAMARCA, JOSEPH T OWNER	
STREET ADDRESS	10929 GOLDEN SILENCE DR	
CITY ST ZIP	RIVERVIEW, FL 33569	
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	[X] Change [ ] Addition
NAME	Joseph LaMarca	
STREET ADDRESS	6210 Ohio Ave	
CITY ST ZIP	Gibsonton Fl 33534	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

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 all other like empowered.

SIGNATURE: [signature] 2-20-07 813-767-5521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR