## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2006 08:00 AM Secretary of State

B13 752-1957

8. Name and Address of Eurent Registered Agent  BUBLEY & BUBLEY, P.A., 3820 NORTHOALE BLVD., SUITE 312 TAMPA, FL 33624  5. The above named entity submits the disterent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Cem ferrifier with, and acceme obligations of registered agent, or both, in the State of Florida. Cem ferrifier with, and acceme obligations of registered agent.  SIGNATURE  FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTORS  DIVISIA APP  PLANT CITY, FL 33565  DIVISIA APP  PLANT CITY, FL 33565  DO NOT WRITE  INTEL INTHIS SPACE	1, Entity Nam	MENT # P040000680 utdoor, INC.	067			
DO NOT WRITE IN THIS SPACE    A FEN Number   Pappined For   Pappin	5121 THONG	HOSASSA RD.	P. O. BOX 2012		NETH IN SECURD NOW BOXED IN THE SENIE BUILD FOR STEEL HOUSE HOUSE WITH NO STEEL WE CONTINUED TO	
BUBLEY & BUBLEY, P.A. 3872 NORTHDALE BLVD., SUITE 312  TAMPA, FL 33624  3. 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 feartilists with, and access the obligations of registered agent.  SIGNATURE  Signature, special or printed refer from a registered at Pacificus ONTE Registered Appensystement agent, or both, in the State of Florida. I am feartilists with, and access the obligations of registered agent, or both, in the State of Florida. I am feartilists with, and access the obligations of registered agent, or both, in the State of Florida. I am feartilists with, and access the obligations of registered agent, or both, in the State of Florida. I am feartilists with, and access one obligations of registered agent, or both, in the State of Florida. I am feartilists with, and access one obligations of registered agent, or both, in the State of Florida. I am feartilists with, and access one obligations of registered agent, or both, in the State of Florida. I am feartilists with, and access one obligations of registered agent, or both, in the State of Florida. I am feartilists with, and access one obligations of registered agent, or both, in the State of Florida. I am feartilists with, and access one obligations of registered agent, or both, in the State of Florida. I am feartilists with, and access one obligations of registered agent, or both, in the State of Florida. I am feartilists with, and access one obligations of registered agent, or both, in the State of Florida. I am feartilists with, and access one obligations of registered agent, or both, in the State of Florida. I am feartilists with, and access one obligations of registered agent, or both, in the State of Florida. I am feartilists with, and access one obligations of registered agent, or both, in the State of Florida.  I The above named analysis of Florida. I am feartilists and access one obligations of Florida. I am feartilists with a state of	D	O NOT WRITE	IN THIS SPA	CE	04282006 No Chg-P CR2E034 (11/05)  4. FEI Number   Applied For   20-1047292   Not Applicable   5. Catificate of Status Desired     \$8.75 Additional	
The obligations of registered agent.  SIGNATURE  FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  TRAUNER, MICHAEL A  SIREL NORES CHY-SI-ZP  PLANT CITY, FL 33565  DO NOT WRITE  INLE  MAKE SIREL ADDRESS CHY-SI-ZP  INLE  MAKE SIREL ADDRES	3820 NOR	BUBLEY, P.A. THDALE BLVD., SUITE 312				
THE  MANKE  STREET AUDRESS  CITY-ST-ZIP  THEE  MANKE  STREET ADDRESS  CITY-ST-ZIP  TITLE  MANKE  MANKE  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  MANKE  STREET ADDRESS  CITY-ST-ZIP  TITLE  MANKE  STREET ADDRESS  CITY-ST-ZIP	SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when teinstating)  PATE  FILE NOWILL FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be					
NAME STRET ADDRESS GIY ST-ZIP  TITLE NAME STRET ADDRESS GIY-ST-ZIP  TIDLE NAME NAME NAME STRET ADDRESS GIY-ST-ZIP  TITLE NAME STRET ADDRESS GIY-ST-ZIP  TITLE NAME STRET ADDRESS GIY-ST-ZIP	HITLE MAME STREET ADURESS CHY-SI-ZIP TICLE NAME STREET ADORESS CHY-SI-ZIP	D TRAUNER, MICHAEL A 3802 THONOTOSASSA RD.	DIRECTORS			
STREET ADDRESS CATY - ST - ZIP  THE NAMA STREET ADDRESS CHY - ST - ZIP	NAME SITEET ADDRESS GIY ST-ZIP THLE NAME SITEET ADDRESS GIY-SI-ZIP THE					
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 of trustee empowered in beyond the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.	STREET ADDRESS CATY - ST - ZIP THTE NAME STREET ADDRESS CATY - ST - ZIP	entify that the information supplied with t	this filling does not qualify for the ex	emotions containe	d in Chapter 119. Florida Statutes, I further certify that the information	

MICHAEL