2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000088057

FILED Apr 28, 2006 Secretary of State

Entity Name: FLORIDA OUTDOOR ADVENTURES MAGAZINE, INC.

Current P	rincipal Place	of Business:	New Principal Place	of Business:
	SEMARY RD FL 34679			
Current Mailing Address:		New Mailing Address:		
P O BOX ARIPEKA,	113 FL 34679			
El Number	: 80-0113438	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
18910 RO	ILL, THOMAS SEMARY RD FL 34679	REID US		
,				
The above		submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
The above	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
The above n the Stat	e named entity e of Florida. RE:	submits this statement for the		ed office or registered agent, or both, Date
The above n the Stat	e named entity e of Florida. RE: Electror			
The above n the Stat BIGNATU	e named entity e of Florida. RE: Electror	nic Signature of Registered Ao	gent	
The above n the Stat BIGNATU	e named entity e of Florida. RE:Electron mpaign Financin S AND DIREC P () MASSINGILL, 1	nic Signature of Registered Aggrust Fund Contribution (). TORS:) Delete THOMAS REID ARY RD - P O BOX 113	gent	Date
The above n the State SIGNATU Election Car OFFICER Vitte: Name: Address:	e named entity e of Florida. RE: Electror mpaign Financin S AND DIREC P () MASSINGILL, 1 18910 ROSEM ARIPEKA, FL : VPS () MASSINGILL, 1	nic Signature of Registered Ag g Trust Fund Contribution (). TORS:) Delete THOMAS REID ARY RD - P O BOX 113 34679) Delete TWILLA SUE ARY RD - P O BOX 113	gent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS REID MASSINGILL P 04/28/2006