

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164201

FILED  
Apr 04, 2006  
Secretary of State

Entity Name: OUTHERE SMARTWEAR INC.

**Current Principal Place of Business:**

1714 S. DIXIE HWY  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

101 SOUTH MAIN STREET  
ISHPEMING, MI 49849

**Current Mailing Address:**

1714 S. DIXIE HWY  
LAKE WORTH, FL 33460

**New Mailing Address:**

6 LAKESIDE PALMS CT  
LAKE WORTH, FL 33460

FEI Number: 41-2159679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JUMPPANEN, JUKKA  
6 LAKESIDE PALMS COURT  
LAKE WORTH, FL 33460 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDC ( ) Delete  
Name: JUMPPANEN, JUKKA  
Address: 6 LAKESIDE PALMS COURT  
City-St-Zip: LAKE WORTH, FL 33460

Title: CEO ( ) Delete  
Name: JUMPPANEN, JUKKA  
Address: 6 LAKESIDE PALMS COURT  
City-St-Zip: LAKE WORTH, FL 33460

Title: T ( ) Delete  
Name: JUMPPANEN, DEBBIE  
Address: 6 LAKESIDE PALMS COURT  
City-St-Zip: LAKE WORTH, FL 33460

Title: S ( ) Delete  
Name: RIUTTA, TRISHA  
Address: 628 N. 4TH STREET  
City-St-Zip: ISHPEMING, MI 49849

Title: D ( ) Delete  
Name: RIUTTA, LORIN  
Address: 628 N. 4TH STREET  
City-St-Zip: ISHPEMING, MI 49849

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: JUMPPANEN, DEBORAH  
Address: 6 LAKESIDE PALMS COURT  
City-St-Zip: LAKE WORTH, FL 33460

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DEBORAH JUMPPANEN

T

04/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date