2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006
Secretary of State

DOCUMENT# P05000045414

Entity Name: BAY AREA OUTFITTERS, INC.

Current Principal Place of Business:

S TAMPA MEDICAL CTR., 508 S HABANA STE 100
508 S HABANA STE 100
TAMPA, FL 33609

New Principal Place of Business:

508 S HABANA AVE
STE 100
TAMPA, FL 33609

Current Mailing Address:

S TAMPA MEDICAL CTR., 508 S HABANA STE 100
508 S HABANA STE 100
TAMPA, FL 33609

New Mailing Address:

508 S HABANA AVE
STE 100
TAMPA, FL 33609

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLY, PETER J
100 S ASHLEY DR STE 1300
TAMPA, FL 33602 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: D ( ) Delete
Name: KING, DEEN G M.D.
Address: S TAMPA MEDICAL CTR., 508 S HABANA STE 100
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DEEN G KING D 03/06/2006
Electronic Signature of Signing Officer or Director Date