2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2012
Secretary of State

DOCUMENT# P06000052540

Entity Name: NATIVE OUTFITTERS, INC.

Current Principal Place of Business:

411 7TH STREET
UNIT B7
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

411 7TH STREET
UNIT B7
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 20-4724876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POST, LAWRENCE
411 7TH STREET
UNIT B7
WEST PALM BEACH, FL 33401 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: POST, LAWRENCE
Address: 411 7TH STREET
City-St-Zip: WEST PALM BEACH, FL 33410 US

Title: D S
Name: HOLTER, GARY
Address: 12924 SE SUZANNE DRIVE
City-St-Zip: HOBE SOUND, FL 33455 US

Title: CEO
Name: POST, LAWRENCE
Address: 411 7TH STREET, UNIT B7
City-St-Zip: WEST PALM BEACH, FL 33410 US

Title: TRES
Name: POST, LAWRENCE
Address: 411 7TH STREET, UNIT B7
City-St-Zip: WEST PALM BEACH, FL 33410 US

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE POST PRES 09/12/2012

Electronic Signature of Signing Officer or Director Date