2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000067432

Entity Name: CRIPPEN OUTFITTING, INC.

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

18603 MACH ONE DRIVE 1106 S US 1

FORT PIERCE, FL 34987 FORT PIERCE, FL 34950

Current Mailing Address: New Mailing Address:

18603 MACH ONE DRIVE 1106 S US 1

FORT PIERCE, FL 34987 FORT PIERCE, FL 34950

FEI Number: 26-0344764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FEE, III, FRANK H ESQ CAVALCANTI, GLYNDA W 500 VIRGINIA AVENUE, SUITE 200 315 AVE A

FORT PIERCE, FL 34982 US FORT PIERCE, FL 34950 US

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: GLYNDA W CAVALCANTI 04/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: () Change () Addition Name: CRIPPEN, SCOTT S Name:

 Name:
 CRIPPEN, SCOTT S
 Name:

 Address:
 18603 MACH ONE DRIVE
 Address:

 City-St-Zip:
 FORT PIERCE, FL 34987
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT CRIPPEN D 04/23/2009