2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000029657

Entity Name: STEP'N OUT ENTERPRISES, INC

FILED Apr 30, 2009 Secretary of State

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

52 SOUTH N STREET 508 N REUS ST(GARAGE BEHIND HOUSE)

PENSACOLA, FL 32501 PENSACOLA, FL 32501

Current Mailing Address: New Mailing Address:

PO BOX 18182 PENSACOLA, FL 32523

FEI Number: 77-0716067 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:

COCHRAN, EDWARD

COCHRAN, EDWARD

COCHRAN, EDWARD

52 SOUTH N STREET 508 N REUS ST(GARAGE BEHIND HOUSE)
PENSACOLA, FL 32501 US PENSACOLA, FL 32501 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: EDWARD COCHRAN 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: COCHRAN, EDWARD Name: COCHRAN, EDWARD

Address: 52 NORTH N STREET Address: 508 N REUS ST(GARAGE BEHIND HOUSE)

City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: PENSACOLA, FL 32501

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 BAKER, WANDA

 Address:
 Address:
 1000 N D ST

City-St-Zip: City-St-Zip: PENSACOLA, FL 32501

Title: () Delete Title: A/P () Change (X) Addition

 Name:
 Name:
 COCHRAN, BEATRICE

 Address:
 Address:
 925 NELLIE ST

 City-St-Zip:
 City-St-Zip:
 MOBILE, AL 36605

Title: () Delete Title: AVP () Change (X) Addition

 Name:
 Name:
 BAKER, BESSÍE

 Address:
 Address:
 508 N REUS ST

 City-St-Zip:
 City-St-Zip:
 PENSACOLA, FL 32501

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: EDWARD COCHRAN P 04/30/2009