
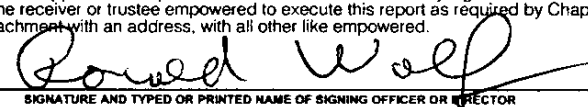


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90261 014 \*\*\*150.00

<b>DOCUMENT # P94000039607</b> 1. Entity Name <b>OUTLOOK VILLAGE INC.</b>					
Principal Place of Business <b>6301 58TH STREET, N. OFFICE PINELLAS PARK, FL 33781 US</b>			Mailing Address <b>6495 59TH CT. NO PINELLAS PARK, FL 33781 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>701 Pasadena Ave South</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>Apt # 26</b>		04172007 Chg-P CR2E034 (12/06)	
City & State 		City & State <b>St. Pete, FL</b>		4. FEI Number <b>65-0496026</b>	
Zip 		Zip <b>33707</b>		Country <b>US</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent  <b>WOLF, RONALD 6495 59TH CT N PINELLAS PARK, FL 34665</b>			7. Name and Address of New Registered Agent Name <b>WOLF, RONALD</b> Street Address (P.O. Box Number is Not Acceptable) <b>701 Pasadena Ave So.</b> <b>Apt 26</b> City <b>St. Pete</b> <b>FL</b> Zip Code <b>33707</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WOLF, RONALD 6495 59TH CT N PINELLAS PARK, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WOLF, RONALD 701 Pasadena Ave So. #26 St. Pete, FL 33707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WOLF, ROBERT 11301 GROVE ST N SEMINOLE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WOLF, WALTER 5541 24TH TERR N SAINT PETERSBURG, FL 33710 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>4/20/07</b> <b>727-544-6319</b> <small>Date Daytime Phone #</small>		