2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2007 08:00 A Secretary of State

	ANNUAL F	REPORT			Se	cretary of S
DOCUMENT # P95000052617 1. Entity Name OUTDOOR LIVING PRODUCTS, INC.					50	cretary or s
Principal Plac 5901 BEGGS ORLANDO, F	S RD	Mailing Address 5901 BEGGS RD ORLANDO, FL 32810 US		 	I ININ 4110 4110 1411	TALO SINIS DASSI ISBU SANDINU SA IBUT
E	OO NOT WRITE I	CE	03252007 No Chg-P CR2E034 (11/05) 4. FEI Number			
	6. Name and Address of Current Reg	istered Agent			· · · · · · · · · · · · · · · · · · ·	,
WATSON, PAUL D 5901 BEGGS RD ORLANDO, FL 32810					NOT WRITHIS SPAC	
	named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and till		ed office or register		th, in the State of Florida. I	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Finar Trust Fund Contribution.	ncing \$5.	00 May Be ed to Fees		
10.	OFFICERS AND DIRE	ECTORS	1	,	·	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P WATSON, PAUL D 5901 BEGGS RD ORLANDO, FL 32810			•	U000 <u>0</u> 07	01594 0065-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					04/20/07~8	0065-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRI	TE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP			19.00	•		
TITLE	· · ·		1 .		• ,	

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 the empowered.

SIGNATURE: X

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

Daytime Phone #