
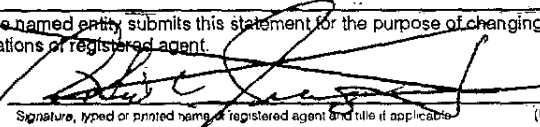
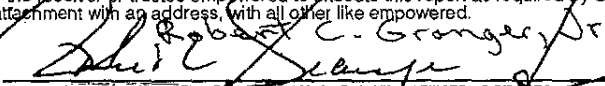


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000085294 1. Entity Name RIDGE OUTDOORS USA, INC.					
Principal Place of Business 2785 S BAY ST STE H EUSTIS FL 32726 US			Mailing Address POST OFFICE BOX 389 EUSTIS FL 32727-0389 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3412018	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRANGER, ROBERT C JR 2785 S BAY ST STE H EUSTIS FL 32726				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. (NO CHANGES)					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 2-15-05 <small>(NOTE: Registered Agent signature required when relating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAKER, ROY L	NAME			
STREET ADDRESS	1619 IRMA ROAD	STREET ADDRESS			
CITY - ST - ZIP	EUSTIS FL 32726	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRANGER, ROBERT C JR	NAME			
STREET ADDRESS	2900 JOANNA DRIVE	STREET ADDRESS			
CITY - ST - ZIP	EUSTIS FL 32726	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 2-16-05 Daytime Phone #	