2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000014942

Entity Name: CELLULAR OUTFITTERS, INC.

FILED Oct 01, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1500 U.S. HIGHWAY 27 SOUTH SUITE B CLERMONT, FL 34711 **New Mailing Address: Current Mailing Address:** 1500 U.S. HIGHWAY 27 SOUTH SUITE B CLERMONT, FL 34711 FEI Number: 59-3516151 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: JORDAN, EDWARD PII 13543 E HWY 50 CLERMONT, FL 34711 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MCKAY, KENNETH J MCKAY, DAVID J Name: Name: 16645 HIGHLAND RD 2560 EAST U.S. HWY 50 Address: Address: City-St-Zip: BATON ROUGE, LA 70810 City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: VΡ () Change (X) Addition Name: Name: MCKAY, DAVID 2560 EAST U.S. HWY. 50 Address: Address: CLERMONT,, FL 34711 City-St-Zip: City-St-Zip: () Change (X) Addition Title: () Delete Title: MCKAY, DAVID Name: Name: 2560 EAST U.S. HWY 50 Address Address: City-St-Zip: City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: () Change (X) Addition MCKAY, DAVID Name: Name: Address: Address: 2560 EAST U.S. HWY 50 City-St-Zip: City-St-Zip: CLERMONT, FL 34711 Title: Title: () Change (X) Addition () Delete MCKAY, DAVID Name: Name: Address: Address: 2560 EAST U.S. HWY, 50 City-St-Zip: City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:	DAVID MCKAY	PRES	10/01/2004