2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000082635

Entity Name: ANGLER'S OUTLET OF CAPE CORAL, INC.

FILED Sep 06, 2007 Secretary of State

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

4404 DEL PRADO BLVD., UNIT A CAPE CORAL, FL 33904

Current Mailing Address: New Mailing Address:

4404 DEL PRADO BLVD., UNIT A CAPE CORAL, FL 33904

FEI Number: 65-0868693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOLMES, JUNE A SMITH, THOMAS W
3406 SE 16TH PLACE 1009 SE 43RD TERRACE
CAPE CORAL, FL 33904 US CAPE CORAL, FL 33904 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: THOMAS W. SMITH 09/06/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition
Name: HOLMES, JUNE A Name: SMITH, THOMAS W
Address: 3406 SE 16TH PLACE Address: 1009 SE 43RD TERRACE

 Address:
 3406 SE 16TH PLACE
 Address:
 1009 SE 43RD TERRACE

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:
 CAPE CORAL, FL 33904

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

 Name:
 HOLMES, BRYAN L
 Name:
 SMITH, THOMAS W

 Address:
 3406 SE 16TH PLACE
 Address:
 1009 SE 43RD TERRACE

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:
 CAPE CORAL, FL 33904

Title: VP () Delete Title: () Change () Addition
Name: SMITH. THOMAS W Name:

 Name:
 SMITH, THOMAS W
 Name:

 Address:
 1009 SE 43RD TERRACE
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:

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

 Name:
 Name:
 SMITH, THOMAS W

 Address:
 Address:
 1009 SE 43RD TERRACE

 City-St-Zip:
 CAPE CORAL, FL 33904

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: THOMAS W SMITH P 09/06/2007