


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 26, 2008 08:00 A
Secretary of State

DOCUMENT # P99000064262
 1. Entity Name
 OUTHOUSE PORTABLE RESTROOMS, INC.



Principal Place of Business 2820 PLEASURE LANE ST. AUGUSTINE, FL 32084	Mailing Address 2820 PLEASURE LANE ST. AUGUSTINE, FL 32084
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DO NOT WRITE IN THIS SPACE



03242008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3587026	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PACETTI, KELLIE B
 2820 PLEASURE LANE
 ST. AUGUSTINE, FL 32084

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000870690
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10. OFFICERS AND DIRECTORS

TITLE	SPD
NAME	PACETTI, ALLEN D
STREET ADDRESS	2820 PLEASURE LANE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE	DVT
NAME	PACETTI, KELLIE B
STREET ADDRESS	2820 PLEASURE LANE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE	D
NAME	PACETTI, ALLEN W
STREET ADDRESS	2820 PLEASURE LANE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	D
NAME	PACETTI, PATRICK E
STREET ADDRESS	2820 PLEASURE LANE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	D
NAME	PACETTI, BRENT N
STREET ADDRESS	2820 PLEASURE LANE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

04/09/08-80100-021-158.75

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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.

SIGNATURE: Kellie B. Pacetti 3/24/08 904-829-1680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #