206 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 26, 2004 08:00 AM Secretary of State **DOCUMENT # P99000091201** OUTBACK ADVENTURES, INC. Principal Place of Business Mailing Address 275 DOE RUN 275 DOE RUN LORIDA, FL 33857 LORIDA, FL 33857 No Chg-P CR2E034 (10/03) 01212004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0957586 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TUCKER, MARCIA DO NOT WRITE 275 DOE RUN LORIDA, FL 33857 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME TUCKER, MARCIA STREET ADDRESS 275 DOE RUN U00000013740 01/26/04-80066-002 150.00 CITY-ST-ZIP LORIDA, FL 33857 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR