2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Mar 21, 2006 8:00 am Secretary of State

| Mailing Address 12900 TRAILS RID RD FLORAL CITY, FL 34436 US 2. Principal Place of Blushests Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Country Count | DOCUMENT # \$17129 1. Entity Name OUTDOOR LEISURE ENTERPRISES, INC. | | | | | | | ۸' | 03-21-2006 | 5 90018 (| 005 ***15 | 50.00 |
|---|--|-------------------------------------|-----------------|---------------------|---------------------|------------------------|---------------|------------|-----------------------------|-------------------|----------------------|---------------------------------|
| Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City | 12900 TRAIL | S END RD | 1 | 12900 TRAILS END RD | | | -4) , | | IBII IBBBI IIBID (1812 1811 | 1 8191) 81811 817 | PII 81811 81811 8181 | IJ es i 11 1 88 1 |
| Cry & State | 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | |
| Country Zp | Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | ٥ ا | 1302006 | Chg-P | CR2E | 34 (11/05) | | |
| 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VINCENT, DAVE 12900 TRAILS END RD FLORAL CITY, FL 34438 8. The above named ends submits this statement for the purpose of changing its registered define or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SUMMAR, Aspet or ported mane of registered agent and limit of explicable OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME VINCENT, DAVE SIREE ADDRESS OFFI-CERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREE ADDRESS OFFI-ST-2P FLORAL CITY, FL OPEN ORDERS OFFI-CERS AND DIRECTORS OFFI-ST-2P TITLE NAME SIREE ADDRESS OFFI-ST-2P TITLE OFFI OFFI TITLE NAME SIREE ADDRESS OFFI-ST-2P TITLE OFFI TITLE NAME SIREE ADDRESS OFFI SIREE ADDRESS OFF | City & State | | | City & State | | | 4. | | | | | |
| NINCENT, DAVE 12900 TRAILS END RD FLORAL CITY, FL 34436 | Zip | Country | | | | try | | | | | | |
| STREET ADDRESS STRE | | 6. Name and Addres | | | | | | | | | | |
| City FL Zip Code | | | | | | | | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE | FLORAL C | ITY, FL 34436 | | | | | | | | | | |
| SIGNATURE 7 Signature Part Par | | | | | City | - | | | FL | Zip Cod | 9 | |
| After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE DP VINCENT, DAVE MAKE 12900 TRAILS END RD FILORAL CITY, FL ITILE DVP STREET ADDRESS CITY-ST-2P FLORAL CITY, FL TITLE MAKE STREET ADDRESS CITY-ST-2P FLORAL CITY, FL TITLE MAKE STREET ADDRESS CITY-ST-2P FLORAL CITY, FL TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST | 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 | | | | | | | | | | | |
| ### FILE NOWIII FEE IS \$150.00 ### Added to Fees 10. | SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| ITILE NAME CITY-ST-ZP CHANGE CITY-ST-ZP CHANGE CITY-ST-ZP | FILE NOWILL FEE IS \$150.00 | | | | | | | | | | | |
| NAME SIREET ADDRESS CITY-ST-ZIP FLORAL CITY, FL TITLE NAME SIREET ADDRESS CITY-ST-ZIP TO CITY-S | 10. | | FICERS AND DIRE | CTORS | 11. | | - | ADDITIONS/ | CHANGES TO OFF | ICERS AND | DIRECTOR | S IN 11 |
| NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | NAME STREET ADDRESS | VINCENT, DAVE 12900 TRAILS END | RD | ☐ Delete | NAM Stre | e et address | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | NAME STREET ADDRESS | JOHNSON, KATHER 12900 TRAILS END | | ☐ Oelete | NAM STRE | ET ADDRESS | 129 | 900 Tr | ails End | nt d Rd | XX Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | NAME STREET ADDRESS | | | ☐ Delete | NAM Stre | ET ADDRESS | | | | | ☐ Change | Addition |
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| to decrease the contract of th | NAME STREET ADDRESS CITY-ST-ZIP | | | | NAM STRI CITY | EET ADORESS -ST-ZIP | | | | | | |

indicated on this report or supplied with inits iming does not quanty 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: DAVID VINCENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06

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