## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2004 8:00 am Secretary of State

DOCUMENT # S41069  1. Entity Name OUTBOUND-M.I.S., INC.					04-26-2004 91006 013 ***150.00				
Principal Place of Business Mailing Address									
927 FERN STREET, SUITE 2500 927 FERN STREET, SUIT ALTAMONTE SPRINGS, FL 32701 US ALTAMONTE SPRINGS, F				us					
ALIAMONIL	3FMM03,1L 32701 03	ALIAMONTE SI MINOS,	16 32701	0.5		est wall bomb and the	### #### #### #####	C) S    .	N <b>es</b> i II i <b>a e</b> i
2. Principal P	flace of Business	3. Mailing Address							
						881 II 811 8848 8III BIST	MINII BINII AINII :	TIBIL BIBN BIBL	1100) 11 1021
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03232004	Chg-P	CR2E034	4 (10/03)		
City & State		City & State			4. FEI Number	04.4			plied For
Zip Country		Žip Country			59-3058014   Not Applicable				
					Fee Required				
DELZINGARO, CELESTE M 874 GRAND TAYLOR LOOP APOPKA, FL 32712				Street Address (P.O. Box Number is Not Acceptable)					
				Silect Address (r.O. DOX Nulliber is Not Acceptable)					
		·							
			C	City FL Zip Code					Ð
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									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE  OATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.					00 May Be ed to Fees	•			
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFFI			
TITLE NAME	VP DELZINGARO, CELESTE M	☐ Delete	TITLE NAME				l	Change	☐ Addition
STREET ADDRESS	•		STREET A	ł.					
CITY-ST-ZIP	APOPKA, FL 32712	☐ Delete	CITY-ST-	ZIP		····		Change	Addition
TITLE NAME	POLK, THOMAS	L_1 Desete	NAME	:			ı	Change	T Aggingi
STREET ADDRESS	21250 WOLFBRANCH RD		STREET A						
CITY-ST-ZIP TITLE	MOUNT DORA, FL	☐ Delete	CITY-ST-	ZIP				Change	☐ Addition
NAME		Delete	NAME				,	orango	
STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	های پیشینه امارام اشانی	CITY-ST-	i		•		_	• ' •
TITLE		Delete	TITLE				1	Change	☐ Addition
NAME STREET ADDRESS			NAME STREET A	DDRESS					
CITY-ST-ZIP			CITY-ST-	ZIP					
TITLE		☐ Delete	TITLE				I	Change	☐ Addition
NAME Street Address			NAME Street a	DDRESS					
CITY-ST-ZIP			CITY-ST-	ZIP					
TITLE		☐ Delete	TITLE NAME				I	☐ Change	☐ Addition
NAME STREET ADDRESS	· .		NAME STREET A	DDRESS		•			
CITY-ST-ZIP			CITY-ST-	i	<u> </u>				
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that r	r the exemp my signature	tion stated in Se shall have the s	ction 119.07(3)(i), same legal effect	Florida Statutes. I	further certife ath; that I am	y that the in	nformation or director

Thereby certify that the information supplied with this timing does not quality for the exemption stated in Section 119.07(3)(f), Horida Statutes. Fruither Certify that the information indicated on this report or suppliemental 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.

onangos, or or an employed

SIGNATURE AND TYPED OR PRINTED VANUE OF SIGNING OFFICER OR DIRECTOR

4/21/04 40181481