2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jan 17, 2006 8:00 am **Secretary of State** DOCUMENT # V49127 01-17-2006 90249 006 ***150.00 WANABE OUTDOORS, INC. Principal Place of Business Mailing Address 1308 HAWTHORN ST. 1308 HAWTHORN ST. ZEPHYRHILLS, FL 33540 ZEPHYRHILLS, FL 33540 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 59-3134244 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Baron, Rosalie T. BARON, ROSALIE T. Street Address (P.O. Box Number is Not Acceptable) 1308 Hawthorn St. 15 BARBADOS AVENUE TAMPA, FL 33606 City Zephyrhills 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 Sporture, typed or printed name of registered agent and title if applicable. Rosalie T. Baron, President (NOTE: Registered Agent signature required when renstating) 10 January 2006 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DP TITLE ☐ Delete TITLE Change ■ Addition BARON, ROSALIE T. NAME NAME Baron, Rosalie T. STREET ADDRESS 15 BARBADOS AVENUE STREET ADDRESS 1308 Hawthorn St., Zephyrhills, FL 33540 CITY-ST-ZIP CITY-ST-ZIP **TAMPA, FL 33606** D TITLE Delete TITLE BARON, RICHARD D. NAME Baron, Richard D. STREET ADORESS 15 BARBADOS AVE. STREET ADORESS 1308 Hawthorn St., Zephyrhills, FL 33540 CITY-ST-ZIP TAMPA, FL 33606 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TIΠF ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITE F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Rosalie T. Baron, President

ED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

10 Jan., 2006

813-254-5180

Daytime Phone #

FILED