

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008200

FILED
Apr 09, 2008
Secretary of State

Entity Name: ATHLETIC ADVENTURES INC.

Current Principal Place of Business:

3532 THOMAS AVE
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3532 THOMAS AVE
MIAMI, FL 33133

New Mailing Address:

FEI Number: 20-3314537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, ANDREW E
3532 THOMAS AVE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DIXON, ANDREW E
Address: 3532 THOMAS AVE
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: ARMAS, ADA
Address: 225 ARVIDA PKWY
City-St-Zip: CORAL GABLES, FL 33156

Title: D () Delete
Name: DAGNAN, RUTH
Address: 7900 SW 97TH ST
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW E. DIXON

P

04/09/2008

Electronic Signature of Signing Officer or Director

Date