

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009317

FILED
May 20, 2008
Secretary of State

Entity Name: FLUID ADVENTURES, INC.

Current Principal Place of Business:

4197 SE BAYVIEW STREET
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

4197 SE BAYVIEW STREET
STUART, FL 34997

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

FLORIDA ASSOCIATION OF NONPROFIT ORGS, INC
7480 FAIRWAY DRIVE, SUITE 206
MIAMI LAKES, FL 33014 US

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: MARINA PAVLOV

05/20/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HONEYCUTT, LOUIS JOSEPH JR
Address: 4197 SE BAYVIEW STREET
City-St-Zip: STUART, FL 34997

Title: TD () Delete
Name: CANTLEY, MAUREEN
Address: 4197 SE BAYVIEW STREET
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: MURPHREE, CLYDE
Address: 33 COMARES AVE #301
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D () Delete
Name: BIENVENU, ROBERT A
Address: 1135 BAYOU MERCIER RD
City-St-Zip: ST MARTINVILLE, LA 70582

Title: SD (X) Delete
Name: HONEYCUTT, LINDA
Address: 14115 BERRY PLAZA #3
City-St-Zip: OMAHA, NE 68137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: JULIE, ROUTLEDGE
Address: LEVEL 3 283 GEORGE STREET
City-St-Zip: SYDNEY, NEW SOUTH WALES, AU 2000

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: LOUIS HONEYCUTT

CD

05/20/2008

Electronic Signature of Signing Officer or Director

Date