


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # 364947 1. Entity Name ADVENTURE TRAVELS OF POMPANO BEACH, INC.	
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Principal Place of Business 2451 EAST ATLANTIC BOULEVARD POMPANO BEACH, FL 33062	Mailing Address 2451 EAST ATLANTIC BOULEVARD POMPANO BEACH, FL 33062
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DO NOT WRITE IN THIS SPACE



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1301511	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COOPER, WILLIAM F. 2451 E. ATLANTIC BLVD. POMPANO BEACH, FL 33062
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DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP COOPER, KATHRYN ANNE 3920 N.E. 27 AVENUE LIGHTHOUSE PT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT COOPER, WILLIAM F 3920 N.E. 27 AVENUE LIGHTHOUSE PT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOPER, MARK S. 3920 N.E. 27 AVENUE LIGHTHOUSE PT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARK, GLENDA 2451 E ATLANTIC BLVD POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS MCGIRR, KERI 2451 E ATLANTIC BLVD POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO FREELS, LINDA C 2451 E ATLANTIC BLVD POMPANO BCH, FL 33062

<p>U00000894824 04/17/08-80060-005 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Wm F Cooper PRESIDENT 954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1 APR 2008 942 2301
Date Daytime Phone #