2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 674526

Entity Name: ADVENTURE CYCLES, INC.

FILED Jan 20, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
| Current Frincipal Flace of Business: | New Principal Place of Business. |

625 NO. COURTENAY PKWY. MERRITT ISLAND, FL 32953

Current Mailing Address: New Mailing Address:

625 NO. COURTENAY PKWY. MERRITT ISLAND, FL 32953

FEI Number: 59-2013200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HORNER, DAVID ALLEN
625 NO. COURTENAY PARKWAY
MERRITT ISLAND, FL 32953 US
HORNER, CAROL A PRES
625 NO. COURTENAY PARKWAY
MERRITT ISLAND, FL 32953 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: CAROL ANN HORNER 01/20/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name:HORNER, DAVID ALLEN,Name:HORNER, CAROL A PRESAddress:625 N. COURTENAY PKWY.Address:625 N CORNER

City-St-Zip: MERRITT ISLAND, FL City-St-Zip: MERRITT ISLAND, FL

Title: VST (X) Delete Title: () Change () Addition

 Name:
 HORNER, CAROL ANN,
 Name:

 Address:
 625 N. COURTENAY PKWY.
 Address:

 City-St-Zip:
 MERRITT ISLAND, FL
 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL ANN HORNER P 01/20/2009