2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737419

FILED Aug 16, 2005 Secretary of State

Entity Name: SHIP SHAPED ADVENTURES, INC. **Current Principal Place of Business: New Principal Place of Business:** 2205 ORANGE AVENUE DELAND, FL 32724 **Current Mailing Address: New Mailing Address:** 2205 ORANGE AVENUE DELAND, FL 32724 FEI Number: 59-2163586 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: Name and Address of New Registered Agent: BRASWELL, BOBBY 2205 ORANGE AVENUE DELAND, FL 32724 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete ELENOR, SIMON BRASWELL, VICKY Name: Name: Address: 641 1/2 S RIDGEWOOD AVE Address: 2205 ORANGE STREET City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: DELAND, FL 32724 US Title: () Delete Title: (X) Change () Addition Name: ELENOR, LYNDA HATCH Name: BRASWELL, MARILYN E Address: 641 1/2 S RIDGEWOOD AVE Address: 739 DERBYSHIRE RD City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: DAYTONA BEACH, FL 32114 US Title: (X) Delete Title: () Change () Addition BRASWELL, VICKY Name: Name: 2205 ORANGE AVENUE Address: Address: City-St-Zip: DELAND, FL 32724 US City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: MEGAR, RYAN Name: Address: 42 MARIE DR Address: City-St-Zip: PONCE INLET, FL 32127 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BOBBY BRASWELL P 08/16/2005