2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 854222

1. Entity Name
ADVENTURE FLIGHTS, LTD., INC.

Principal Place of Business	Mailing Address
1515 PERIMETER ROAD PALM BEACH INTERNATIONAL AIRPORT WEST PALM BEACH, 33406	E.M. BUD MOLT ADVENTURE FLIGHTS P.O. BOX 17560 3200 SUMMIT BLVD. WEST PALM BEACH, FL 33416 US

01092006 No Chg-P CR2E034 (11/05)

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4. FEI Number
51-0213370
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOLT, E.M. BUD
ADVENTURE FLIGHTS P.O. BIX 17560
3200 SUMMIT BLVD.
WEST PALM BEACH, FL 33416

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOLT, EMERSON M
STREET ADDRESS	3200 SUMMIT BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	STD
NAME	DELANY, PATRICIA
STREET ADDRESS	2200 SUMMIT BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33416
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/06-80038-009 158.75

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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: _____ 561 697 0085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

EMERSON MOLT