


**2007 FOR PROFIT CORPORATION -
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # 854222 1. Entity Name ADVENTURE FLIGHTS, LTD., INC.	
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Principal Place of Business 1515 PERIMETER ROAD PALM BEACH INTERNATIONAL AIRPORT WEST PALM BEACH, 33406	Mailing Address E.M. BUD MOLT ADVENTURE FLIGHTS P.O. BOX 17560 3200 SUMMIT BLVD. WEST PALM BEACH, FL 33416 US
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01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0213370	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD MOLT, EMERSON M 3200 SUMMIT BLVD. WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DELANY, PATRICIA 2200 SUMMIT BLVD WEST PALM BEACH, FL 33416
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<p>U00000705199 04/23/07-80043-005 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> <p>FILED APR 10</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: _____ **11 APR 07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #