


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT-# J46108 1. Entity Name ADVENTURES IN PARADISE, INC.		
Principal Place of Business 14341 PORT COMFORT ROAD FT. MYERS, FL 33908 US		Mailing Address 464 CASA YBEL RD. SANIBEL, FL 33957 US
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent STEWART, CRAIG R. 464 CASA YBEL RD. SANIBEL, FL 33957		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD STEWART, CRAIG R. 464 CASA YBEL RD. SANIBEL ISLAND, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEWART, EVELYN D 464 CASA YBEL RD SANIBEL ISLAND, FL 33957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Craig R. Stewart</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7/20/06 <small>Date</small>



07202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2740071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

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