2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005
Secretary of State

DOCUMENT# N02000005763

Entity Name: SHILOH ADVENTURE, INC.

Current Principal Place of Business:

1750 OLD GLORY BLVD.
MELBOURNE, FL 32940

New Principal Place of Business:

3220 S TROPICAL TRAIL
MERRITT ISLAND, FL 32952

Current Mailing Address:

1750 OLD GLORY BLVD.
MELBOURNE, FL 32940

New Mailing Address:

PO BOX 74
COCOA, FL 32923

FEI Number: 01-0739939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARSEN, MELINDA
3220 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

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:

Title: CD ( ) Delete
Name: BRYANT, LAURA
Address: 132 LAS PALMAS
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TD ( ) Delete
Name: LARSEN, MELINDA E
Address: 3220 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SD ( ) Delete
Name: PAXTON, LINDA
Address: 730 OSPREY PLACE
City-St-Zip: MERRITT ISLAND, FL

Title: D ( ) Delete
Name: WEGERIF, EVERETT J
Address: 1525 SOUTH OAKS DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MD ( ) Delete
Name: YOUNG, MICHAEL
Address: 1750 OLD GLORY BLVD.
City-St-Zip: MELBOURNE, FL 32940

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GEIGER, LARRY
Address: 2729 BURKE CT
City-St-Zip: COCOA, FL 32926

Title: D ( ) Change (X) Addition
Name: PARZEK, ALICE
Address: 570 BELAIR AVE
City-St-Zip: MERRITT ISLAND, FL 32953

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: MELINDA E LARSEN TD 04/07/2005

Electronic Signature of Signing Officer or Director — Date