2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

03-14-2007 90044 001 ****50.00
04-02-2007 90100 005 ****11.25
N05000012681

FILED
07 APR 24 PM 12:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N05000012681

1. Entity Name
ADVENTURE KIDS CORPORATION

Principal Place of Business	Mailing Address
4630 S. KIRKMAN RD. STE 604 ORLANDO FL 32811	4630 S. KIRKMAN RD. STE 604 ORLANDO FL 32811

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3554 W. Orange CC. Dr	← Same
Suite, Apt. #, etc.: STE #150	Suite, Apt. #, etc.: ←
City & State: Winter Garden	City & State: ←
Zip: FL / Country:	Zip: 34787 / Country:

4. FEI Number: 59-3552871 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORMEY, S. MIKE
4630 S. KIRKMAN RD.
STE 604
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name: S. Mike Tormey
Street Address (P.O. Box Number is Not Acceptable): 3554 W. Orange CC Drive
STE #150
City: Winter Garden FL Zip Code: 34787

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

FILE NOW: FEE IS $61.25 Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	PD	☐ Delete
NAME	TORMEY, S. MIKE	
STREET ADDRESS	4630 S. KIRKMAN RD. #604	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	VD	☐ Delete
NAME	TORMEY, DENISE	
STREET ADDRESS	4630 S. KIRKMAN RD. #604	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	~~CFO~~ D	
NAME	TORMEY, KEVIN	
STREET ADDRESS	4630 S. KIRKMAN RD. #604	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

(TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP blocks, each with ☐ Change ☐ Addition)

Mike Tormey called 4/24/07 gave me permission to make corrections
KP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: Mike Tormey 2/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #