

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003674

FILED
Mar 26, 2008
Secretary of State

Entity Name: BAHAMAS HIGH ADVENTURE FOUNDATION INC.

Current Principal Place of Business:

131 NE 1ST AVE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

131 NE 1ST AVE
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 20-4678362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSNER, DEREK
131 NE 1ST AVE
DELRAY BEACH, FL 33444 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: PD () Delete
Name: POSNER, DEREK
Address: 131 NE 1ST AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: VPD () Delete
Name: POSNER, ANDREW
Address: 131 NE 1ST AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: SD () Delete
Name: LE MARE, MARIE
Address: 131 NE 1ST AVE
City-St-Zip: DELRAY BEACH, FL 33444

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARIE LE MARE

SD

03/26/2008

Electronic Signature of Signing Officer or Director

Date