FILED Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90335 009 ****61.25

	NUAL REPORT	
DOCUMENT # N060 1. Entity Name FLORIDA GEOCACHING A		
Principal Place of Business	Mailing Address	
2627 SW 29TH AVE	2627 SW 29TH AVE	
CAPE CORAL EL 33914	CAPE CORAL EL 33014	* 4 * ['

		ion, inc.			
Principal Plac 2627 SW 29 CAPE CORAL	TH AVE	Mailing Address 2627 SW 29TH AVE CAPE CORAL, FL 33914			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address		<u> </u>	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04242008 Chg-NP CR2E037 (12/06)	
City & State	9	City & State		4. FEI Number	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	. 6. Name and Address of Current F	legistered Agent		7. Name and Address of New Registered Agent	
MINOR, MEGARIE		Name			
4436 OAKFIELD CIRCLE DADE CITY, FL 33523		Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
CABE ON	1,16 30323			· · ·	
			City	FL Zip Čode	
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	gistered office or req	gistered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE .	·				
	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE: Re	egistered Agent signature re	equired when reinstating) DATE	
	Filing Fee Is \$61.25	9. Election Campa	aign Financing	\$5.00 May Be Make check payable to	
	Due by May 1, 2008	Trust.Fund Con	itribution.	Added to Fees Florida Department of State	
10.	Due by May 1, 2008 OFFICERS AND DIR		Itribution.		
TITLE	OFFICERS AND DIR		11.	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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TITLE	OFFICERS AND DIR	ECTORS	11. TITLE D NAME STREET ADDRESS 7	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CXTON, Chris 700 SW 89 Court	
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indicated on this report or supplemental report is true and accurate and that by eignature shall have the same legal effect as it made under oath; that i am an unicer or office of the corporation or the receiver or trustee empowered to exercise 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 attaching with an address, with all other like empowered.

SIGNATURE: