2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007782

FILED May 01, 2012 Secretary of State

Entity Name: AMERICAN DISABILITY ADVENTURES, INC.

Current Principal Place of Business: New Principal Place of Business:

2371 SW 351 HWY 9454 S. LONGBRANCH AVENUE CROSS CITY, FL 32628

INVERNESS, FL 34452

Current Mailing Address: New Mailing Address:

2371 SW 351 HWY 9454 S. LONGBRANCH AVENUE

CROSS CITY, FL 32628 INVERNESS, FL 34452

FEI Number: 27-0668319 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SKINNER, SANDRA J BLANTON, CYNTHIA A

2371 SW 351 HWY 9454 S. LONGBRANCH AVENUE CROSS CITY, FL 32628 US INVERNESS, FL 34452

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: CYNTHIA A BLANTON 05/01/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

BLANTON, THOMAS M Name:

Address: 9454 S. LONGBRANCH AVENUE

City-St-Zip: INVERNESS, FL 34452

Title:

Name: SKINNER, ROY A Address: 2371 SW 351 HWY City-St-Zip: CROSS CITY, FL 32628

Title:

BLANTON, CYNTHIA A Name:

9454 S. LONGBRANCH AVENUE Address:

City-St-Zip: INVERNESS, FL 34452

Title:

Name: SKINNER, SANDRA J 2371 SW 351 HWY Address: City-St-Zip: CROSS CITY, FL 32628

Title:

DENNIS, MARK A Name:

5265 S. SHORELINE DRIVE Address: City-St-Zip: FLORAL CITY, FL 34436

I hereby 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 all other like empowered.

SIGNATURE: CYNTHIA A BLANTON **TREA** 05/01/2012