OCUMENT # POO	000103925	•			FIL EI	D	0
XECUTIVE ADVENTURES, INC.					02 OCT -7 AM		X
incipal Place of Business	Mailing Address			_			0
DO CLEVELAND STREET 7TH FLOOR - LEARWATER FL 33755	400 CLEVELAND S	400 CLEVELAND STREET 7 111-FLOOR CLEARWATER FL 33755			SEORE TARY OF TALLAHASSEE. F		e 16119 (1891 811) 188)
	3. Mailing Address						
Principal Place of Business	Suite, Apt. #, etc			_	DO NOT WRITE I	N THIS SPACE	
Suite, Apt. #, etc. BTH FLOOR	874	FLOOR	<u> </u>		El Number		Applied For
City & State	City & State				59-3677165	\$9.7	Not Applicable
Zip Country	Zip		Country		5. Certificate of Status Desired Status Desired Status Desired Fee Required		
6. Name and Address of Cu	urrent Registered Agent		Name	7N	ame and Address of New Regi	istered, Agent	
KING, CHRISTOPHER 400 CLEVELAND STREET 7TH FLOOR				at Address (P.O. Box Number is Not Acceptable)			
CLEARWATER FL 33755							
		·	City			r L	
The above named entity submits this stater	nent for the nuroose of chan	naina its realister	red office or regi	stereo aldi	ent, of both, in the state of riono		a with, and docop
the obligations of registered agent.		000					
the obligations of registered agent.			red Agent signature req			DATE	
IGNATURE Signature, typed or printed name of registered Tax filing requirement and elects to do so.	ad agent and title if applicable. angible FiLE After Septen	(NOTE: Register NOW!!! FEE nber 13, 2002	red Agent signature req E IS \$550.00 Fee will be \$7	uired when re		DATE	\$5.00 May Be Added to Fees
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