2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# P00000107204

Entity Name: BOHICA ADVENTURES, INC.

Current Principal Place of Business:

259 BAYWINDS DRIVE
DESTIN, FL 32550

New Principal Place of Business:

259 BAYWINDS DRIVE
DESTIN, FL 32541

Current Mailing Address:

259 BAYWINDS DRIVE
DESTIN, FL 32550

New Mailing Address:

259 BAYWINDS DRIVE
DESTIN, FL 32541

FEI Number: 59-3684192 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

P. COLLEEN COFFIELD
1719 S. COUNTY HIGHWAY 393
SANTA ROSA BEACH, FL 32459 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KNOWLES, CAULIE T III
Address: 259 BAYWINDS DRIVE
City-St-Zip: DESTIN, FL 32550

Title: D ( ) Delete
Name: KNOWLES, JOANN
Address: 259 BAYWINDS DRIVE
City-St-Zip: DESTIN, FL 32550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KNOWLES, CAULIE T III
Address: 259 BAYWINDS DRIVE
City-St-Zip: DESTIN, FL 32541

Title: D (X) Change ( ) Addition
Name: KNOWLES, JOANN
Address: 259 BAYWINDS DRIVE
City-St-Zip: DESTIN, FL 32541

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAULIE T KNOWLES III D 04/22/2008

Electronic Signature of Signing Officer or Director Date