


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000134569		
1. Entity Name DOWNUNDER ADVENTURE COMPANY, INC.		
Principal Place of Business 5353 NORTH FEDERAL HIGHWAY SUITE #300 FORT LAUDERDALE, FL 33308		Mailing Address 5353 NORTH FEDERAL HIGHWAY SUITE #300 FORT LAUDERDALE, FL 33308
DO NOT WRITE IN THIS SPACE		
		04222006 No Chg-P CR2E034 (11/05)
		4. FEI Number 54-2137748
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent NOLTING, MARK W 5353 NORTH FEDERAL HIGHWAY SUITE #300 FORT LAUDERDALE, FL 33308		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NOLTING, ALISON 2811 NE 55TH PLACE FORT LAUDERDALE, FL 33308	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD NOLTING, MARK W 2811 NE 55TH PLACE FORT LAUDERDALE, FL 33308	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Alison Nolting</i>		Alison Nolting, Pres. 04/25/06 (954) 491-8877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____