

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 22, 2005
Secretary of State

DOCUMENT# P04000020211

Entity Name: GLOBAL ADVENTURES INC

Current Principal Place of Business:

1102 BLUE HERON LANE WEST
JACKSONVILLE, FL 32250

New Principal Place of Business:

Current Mailing Address:

1102 BLUE HERON LANE WEST
JACKSONVILLE, FL 32250

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCHENDRY, PETER
1102 BLUE HERON LANE WEST
JACKSONVILLE, FL 32250 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: PETER MC HENDRY

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANDERS, MICHAEL
Address: 1102 BLUE HERON LANE WEST
City-St-Zip: JACKSONVILLE, FL 32250

Title: VP () Delete
Name: MCHENDRY, PETER
Address: 1102 BLUE HERON LANE WEST
City-St-Zip: JACKSONVILLE, FL 32250

Title: SEC () Delete
Name: MCHENDRY, PETER
Address: 1102 BLUE HERON LANE WEST
City-St-Zip: JACKSONVILLE, FL 32250

Title: TRES () Delete
Name: MCHENDRY, PETER
Address: 1102 BLUE HERON LANE WEST
City-St-Zip: JACKSONVILLE, FL 32250

Title: DIR () Delete
Name: SANDERS, MICHAEL
Address: 1102 BLUE HERON LANE WEST
City-St-Zip: JACKSONVILLE, FL 32250

Title: DIR () Delete
Name: MCHENDRY, PETER
Address: 1102 BLUE HERON LANE WEST
City-St-Zip: JACKSONVILLE, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MC HENDRY, PETER
Address: 1102 BLUE HERON LANE WEST
City-St-Zip: JACKSONVILLE, FL 32250

Title: VP (X) Change () Addition
Name: SANDERS, MICHAEL
Address: 1102 BLUE HERON LANE WEST
City-St-Zip: JACKSONVILLE, FL 32250

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PETER MC HENDRY

Electronic Signature of Signing Officer or Director

P

09/22/2005

Date