

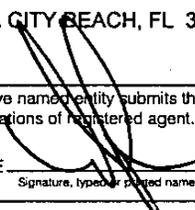
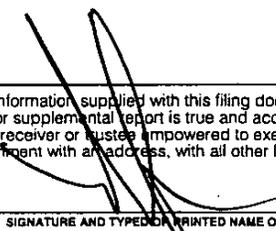
**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90016 040 \*\*\*158.75

20023911



DOCUMENT # P04000058184			
1. Entity Name ADVENTURE ADAMS, INC.			
Principal Place of Business 270 REEDY CREEK DRIVE ROEBUCK, SC 29376 US		Mailing Address 270 REEDY CREEK DRIVE ROEBUCK, SC 29376 US	
2. Principal Place of Business 5325 N. LAGOON DRIVE Suite, Apt. #, etc.		3. Mailing Address 6921 N. LAGOON DRIVE Suite, Apt. #, etc. # 106	
City & State PANAMA CITY BEACH, FL		City & State PANAMA CITY BEACH, FL	
Zip 32408		Country USA	
4. FEI Number 51-0504495		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03092005 Chg-P CR2E034 (10/03)	
5. Name and Address of Current Registered Agent MYFLORIDACORP.COM 8406 PCB PARKWAY STE L PANAMA CITY BEACH, FL 32407		7. Name and Address of New Registered Agent Name PHILIP ADAMS Street Address (P.O. Box Number is Not Acceptable) 6921 N. LAGOON DRIVE City PANAMA CITY BEACH FL Zip Code 32408	
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 		PHILIP ADAMS - PRESIDENT 3/21/05 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, PHILIP 270 REEDY CREEK DRIVE ROEBUCK, SC 29376 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, PHILIP 6921 N. LAGOON DRIVE PANAMA CITY BEACH, FL 32408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADAMS, CHERYL J 270 REEDY CREEK DRIVE ROEBUCK, SC 29376 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		PHILIP ADAMS - PRESIDENT 3/21/05 (850) 258-8745 Date Daytime Phone #	