2007 FOR PROFIT CORPORATION

Feb 19, 2007 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P04000058184** 02-19-2007 90050 027 ***150.00 1. Entity Name ADVENTURE ADAMS, INC. Principal Place of Business Mailing Address 6921 N LAGOON DR #106 5325 N LAGOON DRIVE 40019998 PANAMA CITY, FL 32408 US PANAMA CITY, FL 32408 IIS 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 51-0504495 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ADAMS, PHILIP Street Address (P.O. Box Number is Not Acceptable) 6921 N LAGOON DRIVE PANAMA CITY, FL 32408 Zip Code City FI 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) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. (11. Change Addition Ρ ☐ Delete TITLE TITLE ADAMS, PHILIP NAME NAME STREET ADDRESS STREET ADDRESS 6921 N LAGOON DRIVE CITY-ST-ZIP PANAMA CITY, FL 32408 CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE ADAMS, CHERYL J NAME NAME 270 REEDY CREEK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROEBUCK, SC 29376 Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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.

CITY-ST-ZIP

CITY-ST-ZIP

Adams 2/17/07 SIGNATURE: