2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2007 8:00 am Secretary of State

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DOCUMENT # P0400095816 1. Entity Name SPROCKETS ADVENTURES, INC.							04-26-2007 9	90194 030	***150	0.00	
Principal Place of Business 345 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984			Mailing Address 345 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984					····			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01122007	Chg-P	CR2E034 (12/06)		
City & State			City & State				4. FEI Number Applied For 20-1282020 Not Applicate			•	
Žip	Zip Country		Zip Co		Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registered Agent	t			7. Name and	Address of New Ri	egistered Ager	nt	
PATTERELLI, LOUIS M 2290 SW ALMINAR ST. PORT ST. LUCIE, FL 34953						Name Street Address (P.O. Box Number is Not Acceptable)					
, voici oi.	EUCIL, I	L 04833									
					Cit	ty			FL	Zip Code	9
	named entit tions of regist	y submits this statement for ered agent.	or the purpose of c	hanging its re	egistered off	fice or registe	red agent, or both	n, in the State of Flo	rida. I am famil	iar with,	and accept
l											
SIGNATURE	Signature, typed	or printed name of registered agent	and little if applicable.	(NOTE: I	Registered Agent	nt signature require	d when reinstating)		DATE		
FIL	Signature, typed	or printed name of registered agent FEE IS \$150.00 7 Fee will be \$550.	9. Elect	(NOTE: I	n Financing	\$5	d when reinstating) .00 May Be ded to Fees		DATE		
FIL	Signature, typed	FEE IS \$150.00	9. Elect Trust	ion Campaig	n Financing	\$5	.00 May Be ded to Fees	CHANGES TO OFFI	, <u>, , , , , , , , , , , , , , , , , , </u>	ECTORS	S IN 12
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 employered 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

SIGNATURE

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/129/07

772 336-3399

Daytime Phone #