2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P04000126067



Apr 19, 2006 8:00 am Secretary of State 04-19-2006 90083 015 ***150.00

FILED

ADVENTURES BY WHITTALL, INC. Principal Place of Business Mailing Address 40053314 **4053 GREENWILLOW LANE WEST 4053 GREENWILLOW LANE WEST** JACKSONVILLE, FL 32277 JACKSONVILLE, FL 32277 2. Principal Place of Business Suite, Apt. #, etc. 03222006 CR2E034 (11/05) Chg-P City & State 4. FEI Number Applied For 20-1475342 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered A 7. Name and Address of New Registered Agent Name WHITTALL, LAURA Street Address (P.O. Box Number is Not Acceptable) 4053 GREENWILLOW LANE WEST JACKSONVILLE, FL 32277 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change ■ Addition WHITTAL, DONALD E NAME NAME STREET ADDRESS 4053 GREENWILLOW LANE WEST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32277 CITY-ST-ZIP Change TITLE ☐ Defete TITLE Addition WHITTALL, LAURA NAME NAME 4053 GREENWILLOW LANE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32277 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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 artachment with an address with all other like empowered.