2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # P04000157384 1. Entity Name TO FUTURE ADVENTURES, INC.			į			04-28-2008 9	00365 007 ***150	.00		
Principal Place of Business 5833 110TH STREET JACKSONVILLE, FL 32244		Mailing Address 5833 110TH STREET JACKSONVILLE, FL 32244				Bira Biblia Bbilla Bbill Bei	iði líðer enn haber hinn hall si	B188 1 41 4881		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01292008	Chg-P	CR2E034 (12/06)				
City & State		City & State		4. FEI Number 20-1912			oplied For ot Applicable			
Zip	Country	Zip	Coun	try	5. Certificate of	f Status Desired	S8.75 Add Fee Require			
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	Registered Agent			
DARMERT				Name						
PARMERTER, WILLIAM L 5833 110TH STREET JACKSONVILLE, FL 32244				Street Address (P.O. Box Number is Not Acceptable)						
				City			FL Zip Cod			
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 runstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	: OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	Ş IN 11		
NAME STREET ADDRESS CITY-ST-ZIP	PD PARMERTER, WILLIAM L 5833 110TH STREET JACKSONVILLE, FL 32244	☐ Delete					☐ Change	Addition		
TITLE	VD	☐ Delete	TITLE	:			☐ Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP	PARMERTER, LUNANNE L 5833 110TH STREET JACKSONVILLE, FL 32244	L. Delite	NAMI STRE				Criunge			
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	certify that the information supplied wit	بمؤار بأزامين مرموم مممان ممزازا مزياه با			d in Chanter 110.	Clarida Ctatutas I	المحاف فحماف بالأضحم محماض الكال	-6		

12. 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 it 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:	avier 2 Pont	willian LParnerter	4-24-08	704219-546
-	SIGNATURE AND TYPED OF SPINTED NAME OF SIG	Date	Daytime Phone #	