2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2008 08:00 A Secretary of State DOCUMENT # P05000093196 **EVENTS & ADVENTURES, INC.** Principal Place of Business Mailing Address 1500 W CYPRESS CREEK RD 1500 W CYPRESS CREEK RD SUITE 421 SUITE 421 FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 No Chg-P CR2E034 (11/05) 03242008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 25-1921575 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE RANDY, GARDNER 1500 WEST CYPRESS CREEK RD **SUITE 421** IN THIS SPACE FT LAUDERDALE, FL 33309 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS MR TITLE GARDNER, RANDY NAME STREET ADDRESS 1500 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRI CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 of 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 pie receiver or trusted 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 affactment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED