2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# P05000151569

Entity Name: ADVENTURE FLORIDA LIVING, INC.

Current Principal Place of Business:

869 S. ORANGE AVE.
SUITE 301
SARASOTA, FL 34230

New Principal Place of Business:

1614 ANCHORAGE ST.
SARASOTA, FL 34230

Current Mailing Address:

PO BOX 2075
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 20-3866117 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAMUELSEN, BONNIE
869 S. ORANGE AVE
SUITE 301
SARASOTA, FL 34230 US

Name and Address of New Registered Agent:

SAMUELSEN, BONNIE
1614 ANCHORAGE ST.
SARASOTA, FL 34230 US

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.

SIGNATURE: BONNIE SAMUELSEN 02/03/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P,T ( ) Delete
Name: SAMUELSEN, BONNIE
Address: PO BOX 2075
City-St-Zip: SARASOTA, FL 34230

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE SAMUELSEN P, T 02/03/2009
Electronic Signature of Signing Officer or Director Date