


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 A
Secretary of State

DOCUMENT # P06000038650 1. Entity Name SL ADVENTURES, INC.	
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Principal Place of Business 2919 HAWTHORNE STREET SARASOTA, FL 34239	Mailing Address 2919 HAWTHORNE STREET SARASOTA, FL 34239
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04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3211981	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GORDON, SANDRA L
2919 HAWTHORNE STREET
SARASOTA, FL 34239

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST GORDON, SANDRA L 2919 HAWTHORNE STREET SARASOTA, FL 34239
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05/04/07-80064-008 150.00

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IN THIS SPACE**

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 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 attachment with an address, with all other like empowered.

SIGNATURE: Sandra L. Gordon Pres. SANDRA L. Gordon 4/20/07 941-952-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #