## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000051761

City-St-Zip: CORAL SPRINGS, FL 33067 US

ADULT OMINIO MODED INO

FILED Mar 15, 2008 Secretary of State

Entity Name: ADULT SWING WORLD, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
	2ND COURT PRINGS, FL 33	3067	US			
Current Mailing Address:				New Mailing Address:		
	2ND COURT PRINGS, FL 33	3067	US			
FEI Number:	20-4716618	FEI Nu	umber Applied For()	FEI Num	nber Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
PERLMAN, JASON 1500 N.FEDERAL HWY SUITE 250 FORT LAUDERDALE, FL, FL 33304 US				PERLMAN, YEVOLI & ALBRIGHT P.L. 200 SOUTH ANDREWS AVENUE SUITE 600 FORT LAUDERDALE, FL, FL 33301 US		
The above in the State		submits	this statement for the p	ourpose of	changing its registere	ed office or registered agent, or both,
SIGNATURE: JASON PERLMAN				03/15/2008		
Electronic Signature of Registered Agent				Date		
Election Cam	npaign Financing	g Trust F	und Contribution ( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () DALEO, JOSEF 6421 NW 42ND CORAL SPRING	COURT	3067 US		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VP () LOIACONO, JO 4471 BRANDY BOCA RATON,	WINE DR			Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	SEC () GANK, NATALIE 6421 NW 42ND				Title: Name: Address:	() Change () Addition

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.

City-St-Zip:

SIGNATURE: JOSEPH LOIACONO MR. 03/15/2008