

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000106220

FILED
Jan 04, 2008
Secretary of State

Entity Name: ADVENTURE PARK MANAGEMENT, INC.

Current Principal Place of Business:

5400 NORTH HIGHWAY 27
FORT LAUDERDALE, FL 33329

New Principal Place of Business:

1006 NORTH US HIGHWAY 27
WESTON, FL 33327

Current Mailing Address:

POST OFFICE BOX 297290
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 20-5443412 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOVERNS, SUSAN J
321 NORTHWEST 201ST AVENUE
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOVERNS, SUSAN J
Address: 321 NORTHWEST 201ST AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VPD () Delete
Name: SOVERNS, RICKKI
Address: 321 NORTHWEST 201ST AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: RICKKI D SOVERNS

VPD

01/04/2008

Electronic Signature of Signing Officer or Director

Date