2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2008 8:00 am Secretary of State 03-06-2008 90050 006 ***150.00

BRADENTON, FL 34209 City	DOCUMENT # P06000138363 1. Entity Name ADVENTURES ON MINIMUM BALANCE, INC.						03-06-2008	90050 00	6 ***15	0.00
2612 67 FH ST. W. BRADENTON, FL 34209	Principal Place of Business Mailing Address					1-40039	1971			
Suite	2612 67TH	ST. W.	1100 1ST AVE. W, BOX B-14							
City & State City & State City & State A. FEI Number City & State S8.75 Additional S8.75 Addition	Principal Place of Business - No P.O. Box # 3. Mailing Addr			dress						
Zip Country Zip Country Sip Signature Signat	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02262008	Chg-P	CR2E034	4 (12/06)		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code City City City City City City City City FL Zip Code City	City & State		City & State							
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Coun	itry	5. Certificate o	f Status Desired			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Numbe		6. Name and Address of Curren	t Registered Agent	,		7. Name and A	ddress of New R	egistered Ag	ent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	FIGUE AL	LENO.			Name					
B. 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 Sometive located or prined prined interest agent and title 7 appointable. INTER Registered Agent signatura required when remissiong) DATE	4 612 - 67 TH WEST €				Street Address (P.O. Box Number is Not Acceptable)					
B. 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 Sometive located or prined prined interest agent and title 7 appointable. INTER Registered Agent signatura required when remissiong) DATE										
the obligations of registered agent. SIGNATURE Signature, spread or prived parties of registered agent and site if applicable. (NOTE Registered Agent squarture required when certostating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE P. D. FISKE, ALLEN S SIRET ADDRESS CITY-ST-2IP IIILE STREET ADDRESS CITY-ST-2IP IIILE NAME SIRET ADDRESS CITY-ST-2IP IIILE SIRET ADDRESS CITY-ST-2IP IIILE NAME SIRET ADDRESS CITY-ST-2IP IIILE SIRET ADDRESS CITY-ST-2IP	8. The above the obligat	named entity submits this statement fi ions of registered agent.	or the purpose of changing	g its register	ed office or register	red agent, or both	, in the State of Flo	rida. Lam fai	miliar with,	and accept
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indicated on this report or supplied with riss liling does not quality 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.