2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008
Secretary of State

DOCUMENT# P07000088611

Entity Name: ADVENTURE PLAYGROUNDS, INC.

Current Principal Place of Business:

3737 ORYAL CYPRESS LANE
LAKE WORTH, FL 33467

New Principal Place of Business:

1039 STATE ROAD 7
SUITE 3, BUILDING A
WELLINGTON, FL 33414

Current Mailing Address:

3737 ORYAL CYPRESS LANE
LAKE WORTH, FL 33467

New Mailing Address:

1039 STATE ROAD 7
SUITE 3, BUILDING A
WELLINGTON, FL 33414

FEI Number: 26-0672180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEARIN, ROBERT L
800 EAST BROWARD BOULEVARD
SUITE 607
FORT LAUDERDALE, FL 33301 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: D ( ) Delete
Name: MAXWELL, JOEL B
Address: 800 EAST BROWARD BOULEVARD, SUITE 607
City-St-Zip: FORT LAUDERDALE, FL 33301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MAXWELL, JOEL B
Address: 1039 STATE ROAD 7, SUITE 3, BUILDING A
City-St-Zip: WELLINGTON, FL 33414 US

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: JOEL B. MAXWELL D 01/29/2008

Electronic Signature of Signing Officer or Director — Date