

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000090381

FILED
May 16, 2008
Secretary of State

Entity Name: ADVENTURES BY ADRIENNE TRAVEL, INC.

Current Principal Place of Business:

165 AUBURN DRIVE
LAKE WORTH, FL 33460

New Principal Place of Business:

1070 E INDIANTOWN ROAD
SUITE 212
JUPITER, FL 33477

Current Mailing Address:

165 AUBURN DRIVE
LAKE WORTH, FL 33460

New Mailing Address:

1070 E INDIANTOWN ROAD
SUITE 212
JUPITER, FL 33477

FEI Number: 26-0790709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BERGER, STACY
Address: 165 AUBURN DRIVE
City-St-Zip: LAKE WORTH, FL 33460

Title: TD () Delete
Name: BERGER, ALLISON
Address: 165 AUBURN DRIVE
City-St-Zip: LAKE WORTH, FL 33460

Title: SD () Delete
Name: BERGER, JENNA
Address: 165 AUBURN DRIVE
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: BOWDEN, KEITH
Address: 165 AUBURN DRIVE
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: STACY BERGER

PD

05/16/2008

Electronic Signature of Signing Officer or Director

Date