

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# P10000023684**

**Entity Name: COMPUTER ADVENTURES CORPORATION**

**FILED**  
**Jan 28, 2011**  
**Secretary of State**

### **Current Principal Place of Business:**

7853 NW 61ST STREET  
TAMARAC, FL 33321

### **New Principal Place of Business:**

328 N. OCEAN BLVD.  
SUITE # 1402  
POMPANO BEACH, FL 33062

### **Current Mailing Address:**

7853 NW 61ST STREET  
TAMARAC, FL 33321

### **New Mailing Address:**

328 N. OCEAN BLVD.  
SUITE # 1402  
POMPANO BEACH, FL 33062

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

### **Name and Address of Current Registered Agent:**

WASHOFSKY AND ASSOCIATES, PA  
1876 N. UNIVERSITY DRIVE  
SUITE 200-E  
PLANTATION, FL 33322 US

### **Name and Address of New Registered Agent:**

DALE, TRACY  
328 N. OCEAN BLVD.  
SUITE 1402  
POMPANO BEACH, FL 33062 US

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: T. DALE

01/28/2011

Electronic Signature of Registered Agent

Date

### **OFFICERS AND DIRECTORS:**

Title: P  
Name: DALE, TRACY  
Address: 328 N. OCEAN BLVD. # 1402  
City-St-Zip: POMPANO, BEACH, FL 33062

I hereby 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 all other like empowered.

SIGNATURE: T. DALE

P

01/28/2011

Electronic Signature of Signing Officer or Director

Date