


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90110 046 \*\*\*150.00

<b>DOCUMENT # P31253</b>	
1. Entity Name <b>RECREATIONAL ADVENTURES CO.</b>	

Principal Place of Business <b>100 N PHILLIPS AVE STE 901 SIOUX FALLS, SD 57104 US</b>	Mailing Address <b>100 N PHILLIPS AVE STE 901 SIOUX FALLS, SD 57104 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02062007 Chg-P CR2E034 (12/06)

4. FEI Number <b>46-0355993</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>GODDARD, BRIAN 5120 STRINGFELLOW RD SAINT JAMES CITY, FL 33956</b>		7. Name and Address of New Registered Agent Name <b>George Daugherty</b> Street Address (P.O. Box Number is Not Acceptable) <b>5120 Stringfellow Rd</b> City <b>ST. JAMES CITY</b> <b>FL</b> Zip Code <b>33956</b>	
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8. 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: George Daugherty (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CUTLER, CHRISTOPHER A</b>		NAME	
STREET ADDRESS <b>23824 PLACER PLACE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>RAPID CITY, SD 57702</b>		CITY-ST-ZIP	
TITLE <b>ST</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BROCKMUELLER, JEAN</b>		NAME	
STREET ADDRESS <b>2108 SLATEN COURT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>SIOUX FALLS, SD 57103</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CUTLER, KENT R</b>		NAME	
STREET ADDRESS <b>215 SPYGLASS DRIVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>SIOUX FALLS, SD 57108</b>		CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JOHNSON, J. ALAN</b>		NAME	
STREET ADDRESS <b>P O BOX 295 N/A</b>		STREET ADDRESS	
CITY-ST-ZIP <b>HILL CITY, SD</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BOZIED, DAVID</b>		NAME	
STREET ADDRESS <b>1200 S ABERDEEN AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>SIOUX FALLS, SD 57106</b>		CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CUTLER, RICHARD A</b>		NAME	
STREET ADDRESS <b>1005 RALPH ROGERS RD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>SIOUX FALLS, SD</b>		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: Alan Johnson, Exec. VP J. ALAN JOHNSON 2/6/07 (605) 574-3401  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #