FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000005016 (8)

1. Corporate Name
VIRTUAL ADVENTURES INC.

Principal Place of Business
409 MONTGOMERY RD
~~SUITE 14~~ SUITE 151
ALTAMONTE SPRINGS FL 32714

Mailing Address
P O BOX 162822
ALTAMONTE SPRINGS FL 32716-2822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1994
3a. Date of Last Report:

21 2. Principal Place of Business
26 2a. Mailing Address
4. FEI Number: 59-322-3728 — Applied For / Not Applicable
22 Suite, Apt. #, etc.: SUITE 151
27 Suite, Apt. #, etc.:
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
23 City & State
28 City & State
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
24 Zip / 25 Country / 29 Zip / 30 Country
8. This corporation has liability for intangible tax under Ch. 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

NEWMAN, JOSEPH
409 MONTGOMERY RD
~~SUITE 14~~ SUITE 151
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1908, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 94

12. Title	Name	Street Address	City, State, Zip	13. Title	Name	Street Address	City, State, Zip	Change / Addition
				President/T/S	JOSEPH NEWMAN	409 MONTGOMERY RD, SUITE 151	ALTAMONTE SPRINGS FL 32714	☐ / ☑
								☐ / ☑
								☐ / ☐
								☐ / ☐
								☐ / ☐
								☐ / ☐

14. I hereby certify that the information supplied with this filing, and clear not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report filed herewith 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is attached with an address.

SIGNATURE: JOSEPH B. NEWMAN — 4-27-95 — 407-682-3044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0413043 FP