


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90181 034 \*\*\*150.00

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # P95000025699</b>  |   |  |  |  |  |
| <b>1. Entity Name</b><br>ADVENTURE MARINE REAL ESTATE, INC.   |   |  |  |   |  |
| <b>Principal Place of Business</b><br>MIRACLE STRIP PKY<br>FT WALTON BEACH, FL 32548 US   |   |  | <b>Mailing Address</b><br>108 BEAL PARKWAY S<br>FORT WALTON BEACH, FL 32548 US |   |  |
| <b>2. Principal Place of Business</b>   |   |  | <b>3. Mailing Address</b>  |   |  |
| Suite, Apt. #, etc.   |   |  | Suite, Apt. #, etc.  |   |  |
| City & State  |   |  | City & State   |   |  |
| Zip   |   | Country  |  | Zip   |  |
| Country   |   | Country  |  | 03062006 Chg-P CR2E034 (11/05)  |  |
| <b>4. FEI Number</b><br>59-3311752  |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |   |  | <b>7. Name and Address of New Registered Agent</b>                             |   |  |
| GRIMSLEY, JAMES W<br>25 WALTER MARTIN RD NE<br>FT WALTON BEACH, FL 32548  |   |  | Name   |   |  |
|   |   |  | Street Address (P.O. Box Number is Not Acceptable)                             |   |  |
|   |   |  | City   |   |  |
|   |   |  | FL Zip Code  |   |  |
| <b>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.</b>  |   |  |  |   |  |
| SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____   |   |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>   |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>GRIMSLEY, JAMES W<br>25 WALTER MARTIN RD NE<br>FT WALTON BEACH, FL 32548 | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>ROBERTS, PAUL J.<br>631 CINCO TERRACE LANE<br>FT WALTON BEACH, FL        | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |  |   |  |
| <b>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.</b> |   |  |  |   |  |
| <b>SIGNATURE:</b> <u>PAUL J ROBERTS</u> <u>3/13/06</u>  |   |  |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #   |   |  |  |   |  |