2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# P95000041861

Entity Name: JUNGLE ADVENTURES, INC.

Current Principal Place of Business:

26205 EAST HIGHWAY 50
CHRISTMAS, FL 32709

New Principal Place of Business:

Current Mailing Address:

PO BOX 877
CHRISTMAS, FL 32709

New Mailing Address:

FEI Number: 59-3373757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAGAN, JACOB
26205 EAST HIGHWAY 50
CHRISTMAS, FL 32709 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: KAGAN, JACOB
Address: 455 TIMBER RIDGE DR
City-St-Zip: LONGWOOD, FL 32779

Title: T ( ) Delete
Name: BROOKS, WAYNE
Address: 5008 TAYLOR CREEK RD
City-St-Zip: CHRISTMAS, FL 32709

Title: AT ( ) Delete
Name: BROOKS, SHANE
Address: 5023 TAYLOR CREEK RD
City-St-Zip: CHRISTMAS, FL 32709

Title: P ( ) Delete
Name: RANOT, SHLOMO
Address: 8 MOSHE DAYAN ST
City-St-Zip: RAANANA ISRAEL, 43580

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: STEPHANIE COOPER OA 04/08/2009

Electronic Signature of Signing Officer or Director — Date