

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000002894

Entity Name: INCREDIBLE ADVENTURES, INC.

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

6604 MIDNIGHT PASS ROAD
SARASOTA, FL 34242 US

New Principal Place of Business:

Current Mailing Address:

6604 MIDNIGHT PASS ROAD
SARASOTA, FL 34242 US

New Mailing Address:

FEI Number: 65-0635472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REIFERT, JANE
6604 MIDNIGHT PASS RD.
SARASOTA, FL 34242 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: CSD () Delete
Name: FAST, NORMAN
Address: 62 CHESTER STREET
City-St-Zip: NEWTON HIGHLANDS, MA 02461

Title: PTD () Delete
Name: REIFERT, JANE
Address: 5421 PLAZA DE LAS PALMAS
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PTD (X) Change () Addition
Name: REIFERT, JANE
Address: 5421 PLAZA DE LAS PALMAS
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify for the 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: JANE REIFERT

PTD

01/03/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date