

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000032859

FILED
Apr 23, 2007
Secretary of State

Entity Name: WELLBORN ADVENTURES INCORPORATED

Current Principal Place of Business:

249 E. MACK BAYOU RD.
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

249 E. MACK BAYOU DR
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

249 E. MACK BAYOU RD.
SANTA ROSA BEACH, FL 32459

New Mailing Address:

249 E. MACK BAYOU DR
SANTA ROSA BEACH, FL 32459

FEI Number: 59-3372367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLBORN, JAMES J
249 E. MACK BAYOU RD.
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

WELLBORN, JAMES J
249 E. MACK BAYOU DR
SANTA ROSA BEACH, FL 32459 US

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:

04/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WELLBORN, JAMES J
Address: 249 E. MACK BAYOU RD.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: WELLBORN, RENEE M
Address: 249 E. MACK BAYOU RD.
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WELLBORN, JAMES J
Address: 249 E. MACK BAYOU DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D (X) Change () Addition
Name: WELLBORN, RENEE M
Address: 249 E. MACK BAYOU DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: RENEE M WELLBORN

D

04/23/2007

Electronic Signature of Signing Officer or Director

Date