

2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/8/2005-90048-034-\$50.00-\$50.00

DOCUMENT # P97000026945 1. Entity Name ADVENTURE GUIDES, INC.			
Principal Place of Business 27594 IMPERIAL RIVER RD. BONITA SPRINGS, FL 34134 US		Mailing Address 27594 IMPERIAL RIVER RD. BONITA SPRINGS, FL 34134 US	
2. Principal Place of Business 11718 42nd Rd N.		3. Mailing Address 11718 42nd Rd N.	
Subo, Apt. #, etc. 		Subo, Apt. #, etc. 	
Royal Palm Beach, FL		Royal Palm Beach, FL	
Country USA		Country USA	
4. Name and Address of Current Registered Agent CRANE, TREVOR 27594 IMPERIAL RIVER RD BONITA SPRINGS, FL 39134		5. Name and Address of New Registered Agent Name TREVOR CRANE Street Address (P.O. Box Number is Not Acceptable) 11718 42nd Rd. NORTH Royal Palm Beach FL 33411	
6. 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.		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE		DATE 8-1-05	
FILE NOW! FEE IS \$350.00 Due by September 7, 2005		8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	MR. CRANE, TREVOR 27594 IMPERIAL RIVER RD BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	CRANE, TREVOR 11718 42nd Rd North Royal Palm Beach FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 affidavit, and all other, and empowered.			
SIGNATURE		DATE 8-1-05 501-615-1853	

Adventure Guides Inc.

11718 42nd Rd N., Royal Palm Beach, FL 33411
(561) 615-1853 WK / (239) 564-5686 CEL

Florida Department of State
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

Reference Number: P97000026945
Subject: Adventure Guides Inc

August 19, 2005

Attention: Annual Report Section

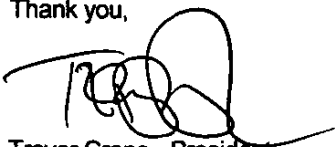
As I just finished talking with one of your representatives, I am sending you this letter with my payment.

Because I did not receive a 1st notice for Adventure Guides Inc 2005 Annual Report, I would formally like to request that the late fee be waived.

Enclosed with this letter you will find a corrected copy of our Annual Report, a copy of the letter from your office dated August 10, and the additional check for \$100 that we accidentally underpaid when we filed the report last time.

Please let me know if there is any other information you will need.

Thank you,



Trevor Crane - President
Adventure Guides Inc