


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90082 003 ***158.75

DOCUMENT # F95000000189			
1. Entity Name TIDEWATER FINANCE COMPANY			
Principal Place of Business 6420 INDIAN RIVER RD. VIRGINIA BEACH, VA 23464		Mailing Address PO BOX 13306 CHESAPEAKE, VA 23325 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			



04302007 Chg-P CR2E034 (12/06)

4. FEI Number
54-1650513

Applied For	Not Applicable
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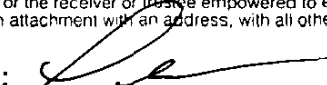
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDLER, ART 565 CEDAR RD. CHESAPEAKE, VA 23320 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 448 Viking Dr Suite 200 Virginia Beach VA 23454
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANDLER, STEVE 565 CEDAR RD. CHESAPEAKE, VA 23320 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 448 Viking Dr Suite 200 Virginia Beach VA 23454
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BENSON, NATHAN 565 CEDAR RD. CHESAPEAKE, VA 23320 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 448 Viking Dr Suite 200 Virginia Beach VA 23454
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOTLIEB, RAYMOND 565 CEDAR RD. CHESAPEAKE, VA 23320 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 448 Viking Dr Suite 200 Virginia Beach VA 23454
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

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.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 4/30/07 Daytime Phone #