


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # H43757 1. Entity Name HATT'S' DIVING HEADQUARTERS, INC.	
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Principal Place of Business C/O MICHAEL J. HATT 2006 SOUTH FRONT STREET MELBOURNE FL 32901	Mailing Address C/O MICHAEL J. HATT 2006 SOUTH FRONT STREET MELBOURNE FL 32901
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-2505407
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
Country	Country	Country

1st MOORE CR2E034 (10/05)

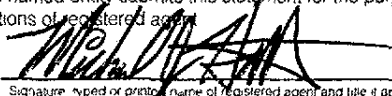
6. Name and Address of Current Registered Agent

HATT, MICHAEL J.
2006 SOUTH FRONT STREET
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

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  **Michael J. Hatt** *President* DATE **01/26/06**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DP	
NAME	HATT, MICHAEL, J.	
STREET ADDRESS	5435 CRANE ROAD	
CITY - ST - ZIP	WEST MELBOURNE FL 32904	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HATT, STARLETTE, B.	
STREET ADDRESS	5435 CRANE RD	
CITY - ST - ZIP	W MELBOURNE FL 32904	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HATT, MICHAEL, J.	
STREET ADDRESS	5435 CRANE ROAD	
CITY - ST - ZIP	WEST MELBOURNE FL 32904	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HATT, STARLETTE, B.	
STREET ADDRESS	5435 CRANE ROAD	
CITY - ST - ZIP	WEST MELBOURNE FL 32904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Michael J. Hatt** DATE **01/26/06** 321-783-5932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR