


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90022 048 \*\*\*\*61.25

<b>DOCUMENT # N41781</b>	
1. Entity Name ORLANDO MARINE INSTITUTE, INC.	

Principal Place of Business 1461 LAKE PLEASANT ROAD APOPKA, FL 32703	Mailing Address ASSOCIATED MARINE INSTITUTES 5915 BENJAMIN CENTER DR TAMPA, FL 33634
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**DO NOT WRITE IN THIS SPACE**

01312007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3045041	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

HULL, DAVID J  
 SMITH, HULSEY, & BUSEY  
 225 WATER STREET, STE. 1800  
 JACKSONVILLE, FL 32202

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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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALLAS, BRENDA 941 OCEAN CIRCLE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELLEGRINI, LINDA 5728 MAJOR BLVD. ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANDER, O B 5915 BENJAMIN CTR DR TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, SIMON 1675 BUENA VISTA DR STE 305 LAKE BUENA VISTA, FL 328301000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE, DEREK 301 E PINE ST, STE 1400 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 617, 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:** *OB Jana* **3/23/07** **813-887-3300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #