2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P01000076051

Entity Name: SEAHORSE WATER SAFARIS, INC.

Current Principal Place of Business:

PORT ST. JOE MARINA
340 MARINA DRIVE
PORT ST JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

710 GULF AIRE DRIVE
PORT ST JOE, FL 32456

New Mailing Address:

172 COLLEEN STREET
WEWAHITCHKA, FL 32465

FEI Number: 59-3739222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GIBSON, THOMAS S
206 E FOURTH STREET
PORT ST JOE, FL 32456 US

Name and Address of New Registered Agent:

GIBSON, THOMAS S
116 SAILORS COVE DRIVE
PORT ST JOE, FL 32456 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: _____ 05/01/2006
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: HITES, GARY L
Address: 710 GULF AIRE DRIVE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: HITES, GARY L
Address: 172 COLLEEN STREET
City-St-Zip: WEWAHITCHKA, FL 32465

Title: DPS ( ) Change (X) Addition
Name: MYERS, JULIE L
Address: 172 COLLEEN STREET
City-St-Zip: WEWAHITCHKA, FL 32465

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: GARY L. HITES DPS 05/01/2006
Electronic Signature of Signing Officer or Director — Date