


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90070 042 \*\*\*150.00

<b>DOCUMENT # P03000039243</b>			
1. Entity Name <b>ADVENTURES UNDER THE SEA, INC.</b>			
Principal Place of Business <b>3418 W. SWANN AVENUE TAMPA FL 33609</b>		Mailing Address <b>3418 W. SWANN AVENUE TAMPA FL 33609</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**J0018010**



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>BUBLEY &amp; BUBLEY, P.A. 3820 NORTHDALÉ BOULEVARD SUITE 312B TAMPA FL 33624</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, BEN			NAME	408 cloverleaf Dr.		
STREET ADDRESS	3908 SAN CARLOS ST			STREET ADDRESS	Lithia, FL 33547		
CITY-ST-ZIP	TAMPA FL 33629			CITY-ST-ZIP	Lithia, FL 33547		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, TINA			NAME	408 cloverleaf Dr.		
STREET ADDRESS	3908 SAN CARLOS ST			STREET ADDRESS	Lithia, FL 33547		
CITY-ST-ZIP	TAMPA FL 33629			CITY-ST-ZIP	Lithia, FL 33547		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:  **Tina Marie Harris** Date: **2/19/05** Daytime Phone #: **813/875-2376**