2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment

Apr 29, 2004 08:00 AM Secretary of State DOCUMENT # S11845 FLORIDA DIVING INSTITUTE, INC. Mailing Address Principal Place of Business 3465 EDGEWATER DR. 3465 EDGEWATER DR. ORLANDO, FL 32804 ORLANDO, FL 32804 04262004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3057351 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MATTSON, KEITH DO NOT WRITE 3465 EDGEWATER DR ORLANDO, FL 32804 IN THIS SPACE 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. Signalule, typed or printed name of logisticed agent and site 4 applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U000000137660 29704-80049-Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MATTSON, KEITH STREET ADDRESS 3465 EDGEWATER DR CITY-ST ZIP ORLANDO, FL IIILE HAME STREET ADORESS CITY-ST-ZIP BILE KAME STREET ADDRESS DO NOT WRITE CTY-ST-ZP nne IN THIS SPACE STREET ADORESS CITY-ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS 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)(i), Florida Statutes, I turther 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 trustenempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED