2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005
Secretary of State

DOCUMENT# N15400

Entity Name: ORGANIZATION FOR ARTIFICIAL REEFS, INC.

Current Principal Place of Business:

2545 BLAIRSTONE PINES DR
100
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

2545 BLAIRSTONE PINES DR
100
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-2709539 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT, VASCAVAGE A
2361 MAY APPLE CT
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BUDA, ROB
Address: 1192 BRAFFORTON DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: DAVIS, JIM,
Address: 7175 DYKES RD.
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete
Name: THOMPSON, DON
Address: 3075 HAWKS LANDING DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: CDS ( ) Delete
Name: VASCAVAGE, SCOTT
Address: 2361 MAYAPPLE CT
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT A. VASCAVAGE CDS 01/13/2005

Electronic Signature of Signing Officer or Director — Date