
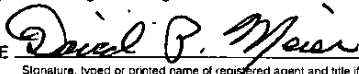
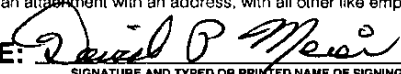


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90100 009 \*\*\*\*61.25

<b>DOCUMENT # 708581</b> 1. Entity Name <b>SEA-N-SHORE WATER SAFETY CONSULTANTS, INC.</b>						
Principal Place of Business <b>6630 ROWAN RD.</b> <b>NEW PORT RICHEY, FL 34653 US</b>				Mailing Address <b>6630 ROWAN RD.</b> <b>NEW PORT RICHEY, FL 34653 US</b>		
2. Principal Place of Business <b>545 UMATILLA BLVD</b> Suite, Apt. #, etc.				3. Mailing Address <b>545 UMATILLA BLVD</b> Suite, Apt. #, etc.		
City & State <b>UMATILLA FL</b>		City & State <b>UMATILLA FL</b>		4. FEI Number <b>59-1147333</b>		
- Zip <b>32784</b>		Country <b>LAKE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>MEIER, DAVID P.</b> <b>6630 ROWAN RD.</b> <b>NEW PORT RICHEY, FL 34653</b>				7. Name and Address of New Registered Agent Name <b>DAVID P MEIER</b> Street Address (P.O. Box Number is Not Acceptable) <b>545 UMATILLA BLVD</b> City <b>UMATILLA FL</b> Zip Code <b>32784</b>		
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  <b>David P Meier</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				3-29-05 <small>DATE</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE PD NAME MEIER, DAVID P. STREET ADDRESS 6630 ROWAN RD. CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete			TITLE PD NAME DAVID P MEIER STREET ADDRESS 545 Umatilla Blvd CITY-ST-ZIP umatilla FL 32784	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DVP NAME CUEVAS, MIRTHA, M.D. STREET ADDRESS 2106 HILLCREST ST. CITY-ST-ZIP ORLANDO, FL	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DST NAME WOMACK, BRUCE STREET ADDRESS 2710 N. DELLWOOD DR. CITY-ST-ZIP EUSTIS, FL	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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:  <b>David P Meier</b>				3-29-05 352-669-4547 <small>Date Daytime Phone #</small>		

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03182005 Chg-NP CR2E037 (10/03)