2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006
Secretary of State

DOCUMENT# 708581

Entity Name: SEA-N-SHORE WATER SAFETY CONSULTANTS, INC.

Current Principal Place of Business:

545 UMATILLA BLVD
UMATILLA, FL 32784 US

New Principal Place of Business:

Current Mailing Address:

545 UMATILLA BLVD
UMATILLA, FL 32784 US

New Mailing Address:

FEI Number: 59-1147333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEIER, DAVID P.
545 UMATILLA BLVD
UMATILLA, FL 32784 US

Name and Address of New Registered Agent:

MEIER, DAVID P
545 UMATILLA BLVD
UMATILLA, FL 32784 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: DAVID P MEIER 01/09/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MEIER, DAVID P.
Address: 545 UMATILLA BLVD
City-St-Zip: UMATILLA, FL 32784

Title: DVP ( ) Delete
Name: CUEVAS, MIRTHA, M.D.,
Address: 2106 HILLCREST ST.
City-St-Zip: ORLANDO, FL

Title: DST ( ) Delete
Name: WOMACK, BRUCE
Address: 2710 N. DELLWOOD DR.
City-St-Zip: EUSTIS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MEIER, DAVID P
Address: 545 UMATILLA BLVD
City-St-Zip: UMATILLA, FL 32784 US

Title: VP (X) Change ( ) Addition
Name: CUEVAS, MIRTHA, M.D.,
Address: 2106 HILLCREST ST.
City-St-Zip: ORLANDO, FL

Title: SD (X) Change ( ) Addition
Name: HUGHES, GREGORY R
Address: 545 N UMATILLA BLVD
City-St-Zip: UMATILLA, FL 32784 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID P MEIER PD 01/09/2006
Electronic Signature of Signing Officer or Director Date