


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90104 027 *****70.00

DOCUMENT # 718335	
1. Entity Name ACADEMY OF MARINE SCIENCES, INC.	

Principal Place of Business 2500 E LAS OLAS BLVD #402 FT LAUDERDALE FL 33301	Mailing Address 2500 E LAS OLAS BLVD #402 FT LAUDERDALE FL 33301
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2. Principal Place of Business Academy of Marine Sciences, Inc. 451 Heritage Dr. Apt 301 Pompano Beach, FL 33060-7772	3. Mailing Address Academy of Marine Sciences, Inc. 451 Heritage Dr. Apt 301 Pompano Beach, FL 33060-7772
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1st MOORE CR2E037 (10/04)

Zip FL 33060	Country U.S.A.	Zip FL 33060	Country U.S.A.	4. FEI Number 59-1302202	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Name and Address of Current Registered Agent PETERSON, WADE C. 1518 SARRIA AVE. CORAL GABLES FL 33140	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KAIGHIN, DORIS BATE 2500 E LAS OLAS BLVD 402 FT LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KAIGHIN, DORIS BATE 451 HERITAGE DRIVE #301 POMPAHO BEACH, FL 33060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OF ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEBA DR., DOUGLAS P.O. BOX 1417, STE. D-23 ALEXANDRIA VA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PETERSON, WADE C. 1518 SARRIA AVE. CORAL GABLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Doris Bate Kaighin (DORIS BATE KAIGHIN) 4/1/05 (954) 782-0977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #