2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739228

FILED Feb 15, 2007 Secretary of State

Entity Name: JACKSONVILLE ARTIFICIAL REEF, INC.

Current Principal Place of Business: New Principal Place of Business:

P O BOX 331185 MAYPORT ROAD

ATLANTIC BEACH, FL 32233 US ATLANTIC BEACH, FL 32233 LIS

Current Mailing Address: New Mailing Address:

P O BOX 331185

ATLANTIC BEACH, FL 32233 US

FEI Number: 59-1743443 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STLAURENT, PETER MCGOWAN, EDDIE 4726 HARPÉRS FERRY LN 914 MISTY MOUNTAIN DR W JACKSONVILLE, FL 32257 US JACKSONVILLE, FL 32225

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: EDDIE MCGOWAN 02/15/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MCGOWAN, EDDIE MCGOWAN, EDDIE Name: Name:

4726 HARPERS FERRY LANE Address: 4726 HARPERS FERRY LANE Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32257

Title: Title: (X) Change () Addition () Delete

HACKBART, MARGARET Name: PROESCHER, TINA Name: Address: 4865 WILD HERON WAY Address: 12772 LANIER ROAD City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32226

Title: () Delete Title: (X) Change () Addition NEWMAN, GARY ROONEY, CHRIS Name: Name:

6149 THISTLEDOWN RD 1762 BRANCH VINE DR W Address: Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: JACKSONVILLE, FL 32246

(X) Change () Addition Title: () Delete Title:

MURPHY, EMILY Name: Name: GRASSI, FRANK 1430 RIVER HILLS CR 9434 GENNA TRACE TR Address: Address:

City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: JACKSONVILLE, FL 32257

Title: () Delete Title: (X) Change () Addition ST LAURENT, PETER ST LAURENT, PETER Name: Name: 914 MISTY MOUNTIAN DR W 914 MISTY MOUNTIAN DR W Address: Address:

City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32225

Title: (X) Delete Title: () Change () Addition KALAKAUSKIS, ED Name: Name:

Address: 1207 ARUBA COURT Address: JACKSONVILLE, FL 32226 City-St-Zip: City-St-Zip:

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: EDDIE MCGOWAN Ρ 02/15/2007