2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# F01000000350

Entity Name: POSEIDON HANDICAP SCUBA ADVENTURES, INCORPORATED

Current Principal Place of Business:

9210 VILLA PALMA LANE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

9210 VILLA PALMA LANE
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 31-1373622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAUSCH, MARK
9210 VILLA PALMA LANE
PALM BEACH GARDENS, FL 33410 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:	PCD	( ) Delete
Name:	RAUSCH, MARK	
Address:	9210 VILLA PALMA LANE	
City-St-Zip:	PALM BEACH GARDENS, FL 33410 US	
Title:	VD	( ) Delete
Name:	WELSH, DEBRA	
Address:	15448 WORMER AVE.	
City-St-Zip:	REDFORD, MI 48239 US	
Title:	D	( ) Delete
Name:	RAUSCH, LINDA	
Address:	9210 VILLA PALMA LANE	
City-St-Zip:	PALM BEACH GARDENS, FL 33410 US	
Title:	D	( ) Delete
Name:	UPRIGHT, LARRY	
Address:	P.O. BOX 875	
City-St-Zip:	TALLAHASSEE, FL 32302 US	
Title:	D	( ) Delete
Name:	BARTOZEK, JOE	
Address:	P.O. BOX 1288	
City-St-Zip:	COCOA BEACH, FL 33309 US	
Title:	D	(X) Delete
Name:	GORMAN, CHARLES	
Address:	P.O. BOX 10013	
City-St-Zip:	MONTGOMERY, AL 22341 US	

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:	D	(X) Change ( ) Addition
Name:	GORMAN, CHARLES	
Address:	P.O. BOX 10013	
City-St-Zip:	MONTGOMERY, AL 22341 US	
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 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: MARK RAUSCH PCD 04/30/2007

Electronic Signature of Signing Officer or Director — Date