


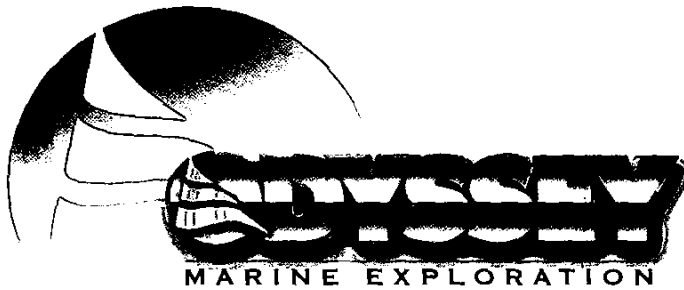
# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 11, 2008 8:00 am**  
**Secretary of State**

06-11-2008 90001 048 \*\*\*558.75

<b>DOCUMENT # F01000000651</b> 1. Entity Name <b>ODYSSEY MARINE EXPLORATION, INC.</b>					
Principal Place of Business <b>5215 W LAUREL ST</b> <b>TAMPA, FL 33607 US</b>			Mailing Address <b>5215 W LAUREL ST</b> <b>TAMPA, FL 33607 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>84-1018684</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MORRIS, DAVID A</b> <b>5215 W LAUREL ST</b> <b>TAMPA, FL 33607</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 resigning) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CD MORRIS, JOHN C 5215 W LAUREL ST TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD STEMM, GREG 5215 W LAUREL ST TAMPA, FL 33607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST MORRIS, DAVID A 5215 W LAUREL ST TAMPA, FL 33607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KNUTSSON, GEORGE 5215 W LAUREL ST TAMPA, FL 33607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SAUL, DAVID J 5215 W LAUREL ST TAMPA, FL 33607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BEDERMAN, DAVID 5215 W LAUREL ST TAMPA, FL 33607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD GORDON, MARK 5215 W LAUREL ST TAMPA, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BAKER, BRAD 5215 W LAUREL ST TAMPA, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V HOLMES, MICHAEL 5215 W LAUREL ST TAMPA, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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.					
<b>SIGNATURE:</b> <i>David A. Morris</i> (DAVID A. MORRIS) 6/10/08 813-314-2557					

ATTACHMENT  
#0108203  
#F0100000651



6/10/08

Please send the  
certificate of  
status to the  
attention of:

Alice Copeland  
Odyssey Marine Exploration  
5215 W. LAUREL ST  
TAMPA, FL 33607.

Thank You

Dan Allen

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