

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000651

FILED
Apr 15, 2009
Secretary of State

Entity Name: ODYSSEY MARINE EXPLORATION, INC.

Current Principal Place of Business:

5215 W LAUREL ST
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

5215 W LAUREL ST
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 84-1018684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, DAVID A
5215 W LAUREL ST
TAMPA, FL 33607 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: STEMM, GREG
Address: 5215 W LAUREL ST
City-St-Zip: TAMPA, FL 33607

Title: PD () Delete
Name: GORDON, MARK
Address: 5215 W LAUREL STREET
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: KNUTSSON, GEORGE
Address: 5215 W LAUREL ST
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: SAUL, DAVID J
Address: 5215 W LAUREL ST
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: BEDERMAN, DAVID
Address: 5215 W LAUREL ST
City-St-Zip: TAMPA, FL 33607

Title: () Delete
Name:
Address:
City-St-Zip:

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: MORRIS, DAVID A
Address: 5215 W LAUREL ST
City-St-Zip: TAMPA, FL 33607

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

SIGNATURE: DAVID A MORRIS

S

04/15/2009

Electronic Signature of Signing Officer or Director

Date

F01000000651
4-15-09

BY FAX TO: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ATTENTION: SEAN TONER
FAX: (850) 245-6017

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REFERENCE NUMBER: 000150280610

ADDENDUM TO LIST OF OFFICERS AND DIRECTORS

7. TITLE: D
NAME: BAKER, BRADFORD F
STREET ADDRESS: 5215 W LAUREL ST
CITY STATE ZIP: TAMPA, FL 33607
8. TITLE: V
NAME: HOLMES, MICHAEL
STREET ADDRESS: 5215 W LAUREL ST
CITY STATE ZIP: TAMPA, FL 33607



DAVID A MORRIS, SECRETARY/TREASURER

4/15/09

DATE