2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007
Secretary of State

DOCUMENT# F06000005917

Entity Name: CARADONNA DIVE ADVENTURES, INC.

Current Principal Place of Business:

2101 W STATE ROAD 434 SUITE 221
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2101 W STATE ROAD 434 SUITE 221
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2597872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	C	( ) Delete
Name:	WIMBLETON, JOHN	
Address:	FIRST CHOICE HOUSE, LONDON ROAD	
City-St-Zip:	CRAWLEY W. SUSSEX, RH10 2GX,	
Title:	D	( ) Delete
Name:	CARADONNA, ANN	
Address:	2101 W STATE ROAD 434 SUITE 221	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	DP	( ) Delete
Name:	WEBB, TIMOTHY	
Address:	2101 W STATE ROAD 434 SUITE 221	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	S	( ) Delete
Name:	POOLE, WILLIAM M	
Address:	945 E PACES FERRY RD SUITE 2700	
City-St-Zip:	ATLANTA, GA 30326	
Title:	T	( ) Delete
Name:	MEE, DARREN	
Address:	FIRT CHOICE HOUSE, LONDON RD	
City-St-Zip:	CRAWLEY W SUSSEX RH10 2GX,	
Title:	D	( ) Delete
Name:	CHURCH, ANTHONY	
Address:	1221 W 130TH STREET	
City-St-Zip:	GARDENA, CA 30247	

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:	( ) Change ( ) Addition
Name:	
Address:	
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY WEBB PRES 01/22/2007

Electronic Signature of Signing Officer or Director — Date