

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005917

FILED  
Jan 14, 2009  
Secretary of State

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  
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,, WS RH10 2GX GB

Title: D ( ) Delete  
Name: RONNESETH, ALLAN  
Address: 8412 109 STREET  
City-St-Zip: EDMONTON, AB T6G 1E2 CA

Title: D/PR ( ) Delete  
Name: WEBB, TIMOTHY PRESIDE  
Address: 2101 W STATE ROAD 434 SUITE 221  
City-St-Zip: LONGWOOD, FL 32779 US

Title: D/S ( ) Delete  
Name: POOLE, WILLIAM M SECRETA  
Address: 945 E PACES FERRY RD SUITE 2700  
City-St-Zip: ATLANTA, GA 30326 US

Title: TRES ( ) Delete  
Name: MEE, DARREN TREASUR  
Address: TUI TRAVEL HOUSE, FLEMING WAY  
City-St-Zip: CRAWLEY W SUSSEX, WS RH10 9QL GB

Title: D VP ( ) Delete  
Name: FUQUA, JERRE V.PRES  
Address: 4340 VON KARMAN AVENUE, SUITE 400  
City-St-Zip: NEWPORT BEACH, CA 92660 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: WIMBLETON, JOHN  
Address: TUI TRAVEL HOUSE, FLEMING WAY  
City-St-Zip: CRAWLEY W. SUSSEX,, WS RH10 9QL GB

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 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

01/14/2009

Electronic Signature of Signing Officer or Director

Date