

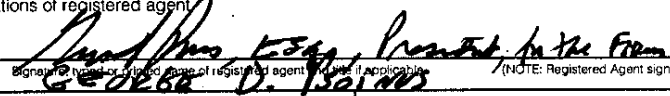
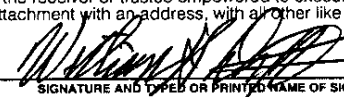


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90203 027 ***150.00

DOCUMENT # F95000000101 1. Entity Name UNDERSEA BREATHING SYSTEMS, INC.					
Principal Place of Business 3599 23RD AVE S #9 LAKE WORTH, FL 33461 US				Mailing Address 3599 23RD AVE S #9 LAKE WORTH, FL 33461 US	
2. Principal Place of Business 1100 Barnett Drive Suite, Apt. #, etc. Unit #19 City & State Lake Worth, Florida Zip 33461 Country United States		3. Mailing Address 1100 Barnett Drive Suite, Apt. #, etc. Unit #19 City & State Lake Worth, Florida Zip 33461 Country United States			
4. FEI Number 65-0572544				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOOLLEY, THOMAS J JR 639 E. OCEAN AVE., SUITE 408 BOYNTON BEACH, FL 33435				7. Name and Address of New Registered Agent Name George D. Psinos, Esquire, George D. Psinos, F Street Address (P.O. Box Number is Not Acceptable) 1655 Palm Beach Lakes Blvd., Ste. 106 P.A. City West Palm Beach State FL Zip Code 33401	
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:  DATE: Feb 24, 2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD <input type="checkbox"/> Delete NAME DELP, WILLIAM H II STREET ADDRESS 3599 23RD AVE S #9 CITY-ST-ZIP LAKE WORTH, FL 33461	TITLE (same) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME (same) STREET ADDRESS 1100 Barnett Drive, #19 CITY-ST-ZIP (same) Lake Worth				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.					
SIGNATURE:  William H. Delp II, Feb-22-05 (561) 588-7698 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					