


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90022 029 ***150.00

DOCUMENT # F97000001093

1. Entity Name
OFFSHORE WARRIORS, INC.




Principal Place of Business 3800 JOSIE LANE STE NO. 3 PALM HARBOR, FL 34685 US	Mailing Address 3800 JOSIE LANE STE NO. 3 PALM HARBOR, FL 34685 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 64-0877589	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

40012622



01272007 Chg-P CR2E034 (12/06)

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RONSPIES, JAMES F
3800 JOSIE LANE
SUITE NO. 3
PALM HARBOR, FL 34685**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHOEMAKE, AUBREY G SR. <input type="checkbox"/> Delete 3505 TARPON WOODS BLVD C-41 PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHOEMAKE, MELANIE W <input type="checkbox"/> Delete 3505 TARPON WOODS BLVD C-41 PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RONSPIES, JAMES F <input type="checkbox"/> Delete 3800 JOSIE LANE STE NO. 3 PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FD SHOEMAKE, AUBREY G. SR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 661 CYPRESS COVE WAY TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHOEMAKE, MELANIE W. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 661 CYPRESS COVE WAY TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE: _____ **1/27/07** **727 441-1122**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #