2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Jan 30, 2004 8:00 am **Secretary of State** DOGUMENT # H65622-1. Entity Name 01-30-2004 90059 013 ***158.75 HYPERBARICS INTERNATIONAL, INC. Principal Place of Business Mailing Address % DICK RUTKOWSKI % DICK RUTKOWSKI 490 CARIBBEAN DRIVE 490 CARIBBEAN DRIVE KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address 522 CARIBBEAN Suite, Apt. #, etc. Suite, Apt. #, et CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-2615759 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUTKOWSKI, RICHARD L Street Address (P.O. Box N umber is Not Acceptable) 490 CARIBBEAN DR. KEY LARGO FL 33037 City Zip Code 8. The above named emity submits this statement for the purpose of thanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition RUTKOWSKI, RICHARD L NAME NAME STREET ADDRESS 490 CARIBBEAN DR STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-ZIP TITLE Delete Change Addition RUTKOWSKI, RICHARD L NAME NAME STREET ADDRESS 490 CARIBBEAN DR STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP Delete Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-7IP 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 all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KUTKOWSIZI

FILED