


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H98584 1. Entity Name DIVERMASTER GUIDE AND TOUR SERVICE, INC.		
Principal Place of Business 206 LOVELL LANE P.O. BOX 1867 APOPKA, FL 32703	Mailing Address 206 LOVELL LANE P.O. BOX 1867 APOPKA, FL 32703	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent KENNEDY, DEBRA A 206 LOVELL LANE APOPKA, FL 32703		DO NOT WRITE IN THIS SPACE
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: <u>Debra Kennedy</u> <u>Debra Kennedy</u> <u>4/23/06</u> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 1100000540497 05/10/06-80019-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KENNEDY, DEBRA 206 LOVELL LANE APOPKA, FL 32703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KENNEDY, DEBRA 206 LOVELL LANE APOPKA, FL 32703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RYAN, ERICA 5463 43RD WAY COCONUT CREEK, FL 33073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Debra Kennedy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/23/06</u> <u>407-889-8714</u> <small>Date Daytime Phone if</small>

FILED
Apr 28, 2006 08:00 AM
Secretary of State



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2518991	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	