2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H98584

FILED Mar 05, 2008 Secretary of State

Entity Name: DIVEMASTER GUIDE AND TOUR SERVICE, INC.

urrent P	rincipai Piac	e of Business:	New Principal Place	OI DUSINESS:
06 LOVE POPKA,	LL LANE FL 32703			
Current Mailing Address:		New Mailing Address:		
06 LOVE POPKA,	LL LANE FL 32703			
El Number	: 59-2518991	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
06 LOVE		US		
FOFNA,	1 L 32703			
he above			ourpose of changing its registere	ed office or registered agent, or both,
he above	named entity e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
he above the State	named entity e of Florida. RE:			ed office or registered agent, or both, Date
he above the State	named entity e of Florida. RE: Electro	submits this statement for the p		
he above the State GNATUI	named entity e of Florida. RE: Electro	submits this statement for the particles of Registered Agrage Trust Fund Contribution ().	ent	
he above the State IGNATUI Iection Car OFFICER: tte: ame: ddress:	named entity e of Florida. RE: Electro mpaign Financir S AND DIREC	submits this statement for the particles of Registered Age of Trust Fund Contribution (). CTORS:) Delete EBRA NE	ent	Date
he above the State GNATUI	named entity e of Florida. RE: Electro mpaign Financir S AND DIREC PSD (KENNEDY, DE 206 LOVEL LA APOPKA, FL	submits this statement for the prince Signature of Registered Age of Trust Fund Contribution (). CTORS:) Delete (BRA (BRA (BRA (BRA (BRA (BRA (BRA (BRA	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: DEBRA KENNEDY PSD 03/05/2008