

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J76517

FILED
Apr 27, 2007
Secretary of State

Entity Name: NEAL WATSON'S UNDERSEA ADVENTURES, INC.

Current Principal Place of Business:

2101 S ADREWS AVE
STE 201
FORT LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 21766
FT. LAUDERDALE, FL 33335 US

New Mailing Address:

FEI Number: 65-0002561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, NEAL
2101 S ADREWS AVE
STE 201
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: WATSON, NEAL,
Address: 1543 S.W. 24TH STREET
City-St-Zip: FT. LAUDERDALE, FL

Title: DVS () Delete
Name: WATSON, DEBRA BETH
Address: 1111 SW 129 WAY
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: WATSON, NEAL,
Address: 1543 S.W. 24TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 BETH WATSON

DVS

04/27/2007

Electronic Signature of Signing Officer or Director

Date