2008 FOR PROFIT CORPORATION

Mar 07, 2008 08:00 A Secretary of State ANNUAL REPORT DOCUMENT #L19256 1. Entity Name TIDAL INVESTMENTS, INC. Principal Place of Business Mailing Address 4997-A O'NIEL LANE P.O. BOX 180070 TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32318 US US CR2E034 (11/05) 03052008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3010060 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MERRITT, DANA DO NOT WRITE 4997-A O'NIEL LANE TALLAHASSEE, FL 32303 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable 9. Election Campaign Financing \$5.00 May Be <u> U000000850547</u> FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 03/25/08-80002-021 150.00 OFFICERS AND DIRECTORS 10. PSTD TITLE MERRITT, DANA NAME 4997-A O'NIEL LANE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Dana Merritt

3-01-08

850 562 8498

FILED

Daytime Phone #