2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L96983

HART, BRUCE C.,

789 NORTH HALIFAX DR

ORMOND BEACH, FL 32176

Name:

Address: City-St-Zip:

Entity Name: TROPICS DIVING INSTRUCTION, INC.

FILED Jan 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 2008 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32175 ORMOND BEACH, FL 32174 **Current Mailing Address: New Mailing Address:** P.O. BOX 2008 ORMOND BEACH, FL 32175 FEI Number: 59-3030525 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VOGES, WILLIAM J 275 CLÝDE MORRIS BLVD ORMOND BEACH, FL 32174 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ROOT, JAMES PRESTON, Name: Name: 5310 JOHN ANDERSON HWY Address: Address: City-St-Zip: FLAGLER BEACH, FL City-St-Zip: Title: Title: () Delete () Change () Addition Name: HART, BRUCE, C. Name: 789 NORTH HALIFAX DR Address: Address: ORMOND BEACH, FL 32176 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: J. PRESTON ROOT PRES 01/05/2009