2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 01, 2006 08:00 Al
Secretary of State

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1. Entity Name

GLOBAL UNDERWATER EXPLORERS, INC.



Principal Place of Business

Mailing Address

15 SOUTH MAIN STREET HIGH SPRINGS, FL 34643 15 SOUTH MAIN STREET HIGH SPRINGS, FL 34643



04272006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 59-3489180 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JABLONSKI, JARROD 15 SOUTH MAIN STREET HIGH SPRINGS, FL 32643

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HIGH SPRINGS, FL 32643			IN THIS SPACE				
	named entity submits this statement for the ons of registered agent.	purpose of changing its registered of	fice or I	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title	e if applicable. (NOTE Registered Age	nt signatur	e required when reinstating)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	190000553868 1 NAT		
10. ITILE NAME STREET ADDRESS CITY-S1-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	OFFICERS AND DIRE OD JABLONSKI, JARROD 7607 NW 29TH PLACE GAINESVILLE, FL 32606 VT ALEXAROS, PANOS 4118 NW 60 AVE GAINESVILLE, FL 32653 D MCKINLEY, CHARLES 615 SW 80 DRIVE GAINESVILLE, FL 32607 D	CTORS	DO NOT WRITE IN THIS SPACE				
NAME STREET ADDRESS CITY-ST-ZIP	KINCAID, TODD 27 KEYSTONE AVE RENO, NV 89503		IN THIS SPACE				
NAME STREET ADDRESS CITY-ST-ZIP	CARMICHAEL, ROBERT 2124 NE 24 STREET FORT LAUDERDALE, FL 33305						
NAME STREET ADDRESS CITY-ST-ZIP	GAINESVILLE, FL 32608				O. Cladde Clabura 1 further and fir the) the information		

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 617, 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:

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386 454 0820 Date Date Dayline P