2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03173

FILED Jan 17, 2007 Secretary of State

Entity Name: HOLIDAY ISLES MARINE TRAINING & RESCUE GROUP, INC.

Current Principal Place of Business: New Principal Place of Business:

299 BOCA CIEGA DR

MADEIRA BCH, FL 33708 US

Current Mailing Address: New Mailing Address:

299 BOCA CIEGA DR

MADEIRA BCH, FL 33708 US

FEI Number: 59-2834825 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:

HOFFMAN, MICHELLE L

13864 BERMUDA DRIVE

SEMINOLE, FL 33776 US

WUBBENHORST, WALTER W
8757 113TH STREET
SEMINOLE, FL 33772 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: WALTER WUBBENHORST 01/17/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 HOFFMAN, MICHELLE L
 Name:
 WUBBENHORST, WALTER W

 Address:
 13864 BERMUDA DRIVE
 Address:
 8757 113TH STREET

 City-St-Zip:
 SEMINOLE, FL 33772
 SEMINOLE, FL 33772

Title: S () Delete Title: () Change () Addition Name: AFFELD, TERRENCE Name:

 Name:
 AFFELD, TERRENCE
 Name:

 Address:
 1608 CORDOVA GREENS
 Address:

 City-St-Zip:
 SEMINOLE, FL 33777
 City-St-Zip:

Title: V () Delete Title: V (X) Change () Addition Name: DEININGER, RICHARD Name: GARDNER, DAVID W

Address: 1677 WHISPERING DR., WEST Address: 8477 MERRIMOOR BLVD
City-St-Zip: LARGO, FL 33771 City-St-Zip: LARGO, FL 33777

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 WILD, ROBERT J

 Address:
 Address:
 240 176 TH AVE E

City-St-Zip: City-St-Zip: REDINGTON SHORES, FL 33708

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER W. WUBBENHORST P 01/17/2007