

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003571

FILED
Aug 08, 2007
Secretary of State

Entity Name: SCUBA SCOUTS U.S.A, INC.

Current Principal Place of Business:

506 OCEANVIEW AVE.
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

506 OCEANVIEW AVE.
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 20-4755663 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

OLSON, DAVID R
506 OCEANVIEW AVE.
PALM HARBOR, FL 34683 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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: OLSON, DAVID R
Address: 506 OCEANVIEW AVE.
City-St-Zip: PALM HARBOR, FL 34683

Title: DEVP () Delete
Name: JAAP, WALTER C
Address: 273 CATA;AN BLVD
City-St-Zip: ST. PETERSBURG, FL 33704

Title: S () Delete
Name: OLSON, TERESA MRS
Address: 506 OCEANVIEW AVE.
City-St-Zip: PALM HARBOR, FL 34683

Title: DCFO () Delete
Name: GARRISON, JOE MR
Address: PO BOX 1221
City-St-Zip: DUNEDIN, FL 346971221

Title: D () Delete
Name: PAINE, JEFF
Address: 3103 ASHWOOD LN
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: JOHNSON, JON
Address: 548 DOLPHIN AVE SE
City-St-Zip: ST. PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID R OLSON

DP

08/08/2007

Electronic Signature of Signing Officer or Director

Date