

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005144

FILED
Apr 05, 2007
Secretary of State

Entity Name: SHARK ACCIDENT VICTIM NETWORK, INC.

Current Principal Place of Business:

5970 OSPREY PLACE
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

5970 OSPREY PLACE
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGHTOWER, DAVID E
501 COMMENDENCIA STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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: D () Delete
Name: RITTER, ERICH
Address: 5970 OSPREY PLACE
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: BREHM, DEENA
Address: 5970 OSPREY PLACE
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: HAVEN, LA-VONNE
Address: 5970 OSPREY PLACE
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: LEVINE, MARIE
Address: 5970 OSPREY PLACE
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: VON DER BORG, JUPP KERKERINK
Address: 5970 OSPREY PLACE
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: MOREJON, ORLANDO
Address: 5970 OSPREY PLACE
City-St-Zip: PENSACOLA, FL 32504

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:

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

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: ERICH KURT RITTER

D

04/05/2007

Electronic Signature of Signing Officer or Director

_____ Date