


FILED  
May 31, 2007 8:00 am  
Secretary of State

04-30-2007 90857 018 \*\*\*\*61.25

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # N17313</b>			
1. Entity Name DOWN UNDER DIVE CLUB, INC.			
Principal Place of Business P O BOX 360105 MELBOURNE, FL 32936-0105		Mailing Address P O BOX 360105 MELBOURNE, FL 32936-0105	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GIVEN, ED 2321 ROYAL POINCIANA BLVD. MELBOURNE, FL 32935		Name <u>Michael Wheat</u> Street Address (P.O. Box Number is Not Acceptable) <u>743 Conestee Dr</u> City <u>W. Melbourne</u> FL <u>32904</u>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>[Signature]</u> Signature, typed or printed name of registered agent and state, if applicable		DATE <u>24 Apr 07</u> (NOTE: Registered Agent's signature required when resigning)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHEAT, MICHAEL 743 CONESTEE DR WEST MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSO AUDET, AL 305 HAILWOOD DRIVE MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>BO Purchase, Dale</u> <u>903 Shaw Cir</u> <u>Melbourne FL 32940</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARMICHAEL, BOB 1180 SPRING OAK DR MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIVEN, ED 2321 ROYAL POINCIANA BLVD. MELBOURNE, FL 329352114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D Aiken, William</u> <u>603 Shannon Ave</u> <u>Melbourne Bch FL</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEFAVOR, LAUREL 815 ALTAMIRA ST. NW PALM BAY, FL 32907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP Hood, Rochelle</u> <u>348 Clark Ave</u> <u>Melbourne FL 32935</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary John Dockendorf</u> <u>554 Lake Ashley Cir</u> <u>Melbourne FL 32904</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 517, Florida Statutes, and that the same appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.			
SIGNATURE: <u>Michael Wheat President</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	

ATTACHMENT

66017336

#N17313

Information in Column (Block) 11 is typed below for clarity

Addition

D

Purchase, Dale

903 Shaw Cir

Melbourne FL 32940

Change

Carmichael from VP to Treasurer

Additions

D

Allen William

603 Shannon Ave

Melbourne Beach FL 32951

Addition

VP

Hood, Rochelle

848 Clarke Ave

Melbourne FL 32935

Addition

Secretary

Dockendorf, John

554 Lake Ashly Cir

Melbourne FL 32904

. ATTACHMENT

Down Under Dive Club, Inc  
PO Box 360105  
Melbourne FL 32936

66017336  
# N17313

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

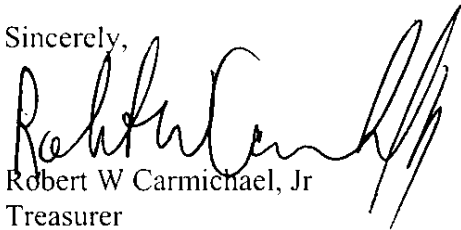
Subject:

- a. Down Under Dive Club, Inc Annual Report Ref N17313
- b. Your 12 May ltr returning ref a to us for added info

I am not sure what you are requesting as I have indicated the title of each officer on the form or on the attachment. All, except Dockendorf are on the form; because of space and clarity issues I listed all those with changes on the separate sheet where I listed Dockendorf's title as Secretary! In case that was the problem I have scrunched his title in on the form and highlighted the others titles. There was no change to any of the info for Michael Wheat, President. He has also assumed the role of Registered Agent with the departure of our previous agent.

I hope I have answered your questions; if not please let me know. I do want to comply properly with the requirements!

Sincerely,



Robert W Carmichael, Jr  
Treasurer