2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2005
Secretary of State

DOCUMENT# P00000025578

Entity Name: ADVENTURE SCUBA TRAINING, INC.

Current Principal Place of Business:

16318 ARMSTRONG PLACE
TAMPA, FL 33647

New Principal Place of Business:

1924 GRAND CYPRESS LANE
SUN CITY CENTER, FL 33573

Current Mailing Address:

16318 ARMSTRONG PLACE
TAMPA, FL 33647

New Mailing Address:

1924 GRAND CYPRESS LANE
SUN CITY CENTER, FL 33573

FEI Number: 59-3637310 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLE, DEXTER R
16318 ARMSTRONG PLACE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

COLE, DEXTER R
1924 GRAND CYPRESS LANE
SUN CITY CENTER, FL 33573 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: DEXTER R COLE 02/27/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PMT ( ) Delete
Name: COLE, DEXTER R
Address: 16318 ARMSTRONG PL
City-St-Zip: TAMPA, FL 33647

Title: VS ( ) Delete
Name: COLE, BERNADETTE B
Address: 16318 ARMSTRONG PL
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PMT (X) Change ( ) Addition
Name: COLE, DEXTER R
Address: 1924 GRAND CYPRESS LANE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VS (X) Change ( ) Addition
Name: COLE, BERNADETTE E
Address: 1924 GRAND CYPRESS LANE
City-St-Zip: SUN CITY CENTER, FL 33573

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEXTER R COLE PMT 02/27/2005
Electronic Signature of Signing Officer or Director Date