

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90181 021 \*\*\*150.00

**DOCUMENT # P00000087583**

1. Entity Name  
**UNDERSEA IMAGERY, INC.**



Principal Place of Business  
**1505 SW 4TH CIRCLE  
BOCA RATON, FL 33486**

Mailing Address  
**1505 SW 4TH CIRCLE  
BOCA RATON, FL 33486**

**DO NOT WRITE IN THIS SPACE**



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-1040090**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**RESNICK, CHERYL  
1505 SW 4TH CIRCLE  
BOCA RATON, FL 33486**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	O
NAME	PEARLMAN, DAVID
STREET ADDRESS	1505 SW 4TH CIRCLE
CITY - ST - ZIP	BOCA RATON, FL 33486

TITLE	O
NAME	RESNICK, CHERYL
STREET ADDRESS	1505 SW 4TH CIRCLE
CITY - ST - ZIP	BOCA RATON, FL 33486

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Cheryl Resnick*

4-16-07

(561) 901-6273