2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 8:00 am Secretary of State

DOCUMENT # P0100016289 1. Entity Name UNDERWATER SPECIALTIES, INC.					03-13-2006 90075 039 ***150.00				
Principal Place	e of Business	Mailing Address			- -				
38 KEY HAVEN RD		PO BOX 2806		. 91	> -				
KEY WEST, FL 33040		KEY WEST, FL 33045							
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2. Principal Pl	ace of Business	3. Mailing Address		-					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		03062006	Chg-P	CR2E034 (11/05)			
City & State		City & State		4. FEI Number 65-1101			plied For t Applicable		
Žip	Country	Zip Country		ry	5. Certificate of	f Status Desired	□ \$8.75 Add		
	6 Name and Address of Current	Registered Agent	 . _T				Fee Required Registered Agent	1	
6. Name and Address of Current Registered Agent				Name	7. Name and 7	COURSS OF NEW P	tegistered Agent		
LEVERONE, MICHAEL J									
38 KEY HAVEN RD				Street Address (P.O. Box Number is Not Acceptable)					
KEY WEST, FL 33040						•			
			}	City	City FL Zip Code				
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or registe	ered agent, or both	, in the State of FI		and accept	
	ions of registered agent.	the purpose of one-iging he	. 09/010.0		0.00 ago, o. o	, , , , , , , , , , , , , , , , , , , ,			
SIGNATURE_	Signature, typed or printed name of registered agent	and take if applicable. (NOTE	:: Ragistered	Agent signature requir	ed when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution				cing \$5	5.00 May Be ided to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	HANGES TO OFF	FICERS AND DIRECTORS	S IN 11	
TITLE	P	☐ Delete	TITLE	I			☐ Change	Addition	
NAME ,	LEVERONE, MICHAEL J		NAME						
STREET ADDRESS CITY-ST-ZIP	38 KEY HAVEN RD KEY WEST, FL 33040		CITY-	ET ADDRESS					
TITLE				31-ZIP					
NAME .	•	☐ Delete	TITLE				☐ Change	☐ Addition	
OTDEET ASSOCRED	M.	☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS	4.	☐ Delete	NAME STREE	E1 ADDRESS			☐ Change	Addition	
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CITY-ST-ZIP		☐ Delete	NAME STREE CITY-	E1 ADDRESS ST-ZIP			☐ Change	Addition	
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1 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 pn an attachment with an address with all other line empowered.

SIGNATURE:

MICHAEL J. LEVERONE

3-9-6