2005 FOR PROFIT CORPORATION

Mar 18, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P03000070728 1. Entity Name DEEP SEA CHARTERS, INC. Principal Place of Business Mailing Address 2950 NE 32ND AVENUE, 2950 NE 32ND AVENUE, FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 03142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1802318 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent WINDRIDGE, KATHLEEN A DO NOT WRITE 2 ISLA BAHIA TERR. FORT LAUDERDALE, FL 33316 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. (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and little if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WINDRIDGE, KATHLEEN A NAME 2950 NE 32ND AVENUE STREET ADDRESS U00000268475 03/18/05-80046-001 150.00 FORT LAUDERDALE, FL 33308 CITY - ST - ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the Information supplied with this filling does not qualify 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 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 attac pent with an address, with all other like empowered

SIGNATURE: 5

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Daylime Phone #

FILED