

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED** ATX1  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P03000086964
<b>1. Entity Name</b> PRO-PELLER DIVING SERVICES INC

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 2985 SAINT JOHNS BLVD Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
<b>City &amp; State</b> JACKSONVILLE BEACH, FL	<b>City &amp; State</b>
<b>Zip</b> 32250-8121	<b>Country</b>

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-1201545	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> HEUSCHKEL, DAVID	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 2985 ST. JOHNS BLVD.	
<b>City</b> JACKSONVILLE BEACH	<b>FL</b> <b>Zip Code</b> 32250

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 \_\_\_\_\_

05/20/08-80077-024 150.00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEUSCHKEL, DAVID 2985 ST. JOHNS BLVD. JACKSONVILLE BEACH, FL 32250
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12. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE: David Heuschkel DAVID HEUSCHKEL 4/29/2008 904 270-2073  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #