


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000096447 1. Entity Name A DEEP BLUE DIVE CENTER CORPORATION	
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Principal Place of Business 400 SADOWSKI CAUSEWAY KEY COLONY BEACH, FL 33051	Mailing Address PO BOX 510378 KEY COLONY BEACH, FL 33051
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DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

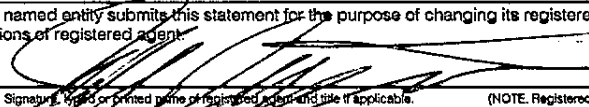
4. FEI Number 56-2392307	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NEIDLINGER, JEFFREY S
30854 ORTEGA
BIG PINE KEY, FL 33043**

**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:  *President* DATE: *1/11/06*

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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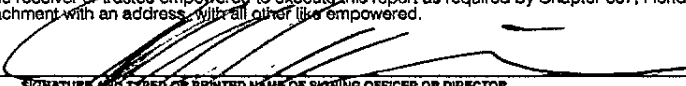
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEIDLINGER, JEFFREY S 30854 ORTEGA BIG PINE KEY, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEIDLINGER, HELMUTH C JR. 2380 N. BEACH RD ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-T NEIDLINGER, MARTHA M 2380 N. BEACH RD ENGLEWOOD, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/18/06-80016-015 150.00

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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:  DATE: *1/11/06* DAYTIME PHONE #: *305/243/2421*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR