

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000063809

FILED  
May 01, 2008  
Secretary of State

Entity Name: MCBRIDE SALTWATER ADVENTURES CORP.

## Current Principal Place of Business:

2833 NE 32ND STREET  
LIGHTHOUSE POINT, FL 33064

## New Principal Place of Business:

## Current Mailing Address:

6505 BLUE LAGOON DRIVE  
SUITE 190  
MIAMI, FL 33126

## New Mailing Address:

2833 NE 32ND STREET  
LIGHTHOUSE POINT, FL 33064

FEI Number: 55-0862925

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCBRIDE, WILLIAM G  
2833 NE 32 STREET  
LIGHTHOUSE POINT,, FL 33064 US

## Name and Address of New Registered Agent:

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MCBRIDE, WILLIAM G  
Address: 2833 NE 32ND STREET  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM MCBRIDE

D

05/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date