


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

5/5 **FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90073 037 \*\*\*150.00

<b>DOCUMENT # P04000074351</b>					
1. Entity Name GLOBAL UNDERWATER EXPLORERS PRODUCTIONS, INC.					
Principal Place of Business 15 S. MAIN STREET HIGH SPRINGS, FL 32643		Mailing Address 15 S. MAIN STREET HIGH SPRINGS, FL 32643			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3489180</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. Name and Address of Current Registered Agent <b>JABLONSKI, JARROD 15 S. MAIN STREET HIGH SPRINGS, FL 32643</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JABLONSKI, JARROD		NAME		
STREET ADDRESS	7607 NW 26 PLACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JABLONSKI, CAREY		NAME	Jablonski, Carey	
STREET ADDRESS	17402 NW 234 TERR		STREET ADDRESS	17402 NW 234 TERR	
CITY-ST-ZIP	HIGH SPRINGS, FL 32643		CITY-ST-ZIP	High Springs, FL 32643	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Carey Jablonski</i>		5/1/06		386-454-0820	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

66021648



04272006 Chg-P CR2E034 (11/05)