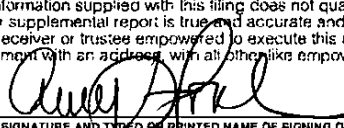


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90234 046 ***150.00

DOCUMENT # P04000165383 1. Entity Name PARTIAL PRESSURE DIVING COMPANY, INC.			
Principal Place of Business 1031 ADAMS DR. KEY LARGO, FL 33037		Mailing Address 1031 ADAMS DR. KEY LARGO, FL 33037	
2. Principal Place of Business 100 N. Lake DR. Suite, Apt. #, etc.		3. Mailing Address 100 N. Lake DR. Suite, Apt. #, etc.	
City & State Key Largo, FL Zip 33037 Country USA		City & State Key Largo, FL Zip 33037 Country USA	
4. FEI Number 56-2491987		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		- \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOROWITZ, EDNA M 208 TIDE AVE. TAVERNIER, FL 33070		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FOWLER, DAVID S 1031 ADAMS DR. KEY LARGO, FL 33037	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD FOWLER, AMY L 1031 ADAMS DR. KEY LARGO, FL 33037	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	---	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	---	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	---	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	---	☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: 		4-15-05 305 453-5232	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	