

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90077 028 ***150.00

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| DOCUMENT # P04000165383 |  |
| 1. Entity Name PARTIAL PRESSURE DIVING COMPANY, INC. | |

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| Principal Place of Business 100 N LAKE DR KEY LARGO, FL 33037 | Mailing Address 100 N LAKE DR KEY LARGO, FL 33037 |
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| 2. Principal Place of Business - No P.O. Box # 9611 Dunwoody Dr Suite, Apt. #, etc. | 3. Mailing Address 9611 Dunwoody Dr Suite, Apt. #, etc. |
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|-----------------------------|-----------------------------|
| City & State SAVANNAH GA | City & State SAVANNAH GA |
| Zip 31406 | Zip 31406 |
| Country USA | Country |

40013797



01162007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 56-2491987 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HOROWMTZ, EDNA M 208 TIDE AVE. TAVERNIER, FL 33070 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FOWLER, DAVID S 100 N LAKE DRIVE KEY LARGO, FL 33037 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 9611 DUNWOODY DR. SAVANNAH GA 31406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD FOWLER, AMY L 100 N LAKE DRIVE KEY LARGO, FL 33037 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 9611 Dunwoody Dr. SAVANNAH GA 31406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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| SIGNATURE: <u>Amy L. Fowler</u> | February 9, 2007 | 912-921-0525 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |