


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000086977	
1. Entity Name EXPLORER'S BOUNTY, INC.	

Principal Place of Business 8390 NW 53RD ST., SUITE 312 MAIMI, FL 33166	Mailing Address 8390 NW 53RD ST., SUITE 312 MAIMI, FL 33166
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5691578	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 HALPEN, DAVID M 249 ROYAL PALM WAY PLAZA CENTER - SUITE 501 PALM BEACH, FL 33480	DO NOT WRITE IN THIS SPACE
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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.

SIGNATURE _____ DATE _____
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 01/16/08-80020-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES OWRE, CAROLINE 8390 NW 53RD STREET, SUITE 312 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GHEE, JOHN 8390 NW 53RD STREET, SUITE 312 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA MURR, ANTHONY 2000 WARRINGTON WAY, SUITE 163 LOUISVILLE, KY 40222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MURR, ANTHONY 2000 WARRINGTON WAY, SUITE 163 LOUISVILLE, KY 40222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Anthony W. Murr* **ANTHONY W. MURR** 1/4/08 **502-561-0070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #