

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000086977

Entity Name: EXPLORER'S BOUNTY, INC.

FILED  
Jan 19, 2009  
Secretary of State

## Current Principal Place of Business:

8390 NW 53RD ST., SUITE 312  
MAIMI, FL 33166

## New Principal Place of Business:

8390 NW 53RD ST  
SUITE 312  
MAIMI, FL 33166

## Current Mailing Address:

8390 NW 53RD ST., SUITE 312  
MAIMI, FL 33166

## New Mailing Address:

8390 NW 53RD ST  
SUITE 312  
MAIMI, FL 33166

FEI Number: 20-5691578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HALPEN, DAVID M  
249 ROYAL PALM WAY  
PLAZA CENTER - SUITE 501  
PALM BEACH, FL 33480 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: OWRE, CAROLINE  
Address: 8390 NW 53RD STREET, SUITE 312  
City-St-Zip: MIAMI, FL 33166

Title: VP ( ) Delete  
Name: GHEE, JOHN  
Address: 8390 NW 53RD STREET, SUITE 312  
City-St-Zip: MIAMI, FL 33166

Title: TREA ( ) Delete  
Name: MURR, ANTHONY  
Address: 2000 WARRINGTON WAY, SUITE 163  
City-St-Zip: LOUISVILLE, KY 40222

Title: SEC ( ) Delete  
Name: MURR, ANTHONY  
Address: 2000 WARRINGTON WAY, SUITE 163  
City-St-Zip: LOUISVILLE, KY 40222

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ANTHONY W MURR

TREA

01/19/2009

Electronic Signature of Signing Officer or Director

Date