

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000086977

FILED
Jan 27, 2009
Secretary of State**Entity Name:** EXPLORER'S BOUNTY, INC.**Current Principal Place of Business:**8390 NW 53RD ST
SUITE 312
MAIMI, FL 33166**New Principal Place of Business:****Current Mailing Address:**8390 NW 53RD ST
SUITE 312
MAIMI, FL 33166**New Mailing Address:****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

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**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** CEO (X) Change () Addition
Name: FORD, JAMES
Address: 8390 NW 53RD STREET, SUITE 312
City-St-Zip: MIAMI, FL 33166**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP () Change (X) Addition
Name: POLSON, CLAIRE
Address: 8390 NW 53RD STREET, SUITE 312
City-St-Zip: MIAMI, FL 33166

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

01/27/2009

Electronic Signature of Signing Officer or Director

Date