

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000105779

FILED
Jan 31, 2007
Secretary of State

Entity Name: TREASURE DIVERS TV, INC.

Current Principal Place of Business:

5151 COLLINS AVENUE #536
MIAMI BCH, FL 33140

New Principal Place of Business:

Current Mailing Address:

5151 COLLINS AVENUE #536
MIAMI BCH, FL 33140

New Mailing Address:

70 NE 132ND STREET
MIAMI, FL 33161

FEI Number: 20-5357187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOSSOW, KENNETH D
1325 DIPLOMAT PARKWAY
HOLLYWOOD, FL 33019 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR () Change (X) Addition
Name: MACE, GARY D
Address: 613 CUDA LANE
City-St-Zip: TAVERNIER, FL 33070 US

Title: MR () Change (X) Addition
Name: FISMER, CARL D
Address: 179 AZALEA ST.
City-St-Zip: TAVERNIER, FL 33070 US

Title: MRS. () Change (X) Addition
Name: MORALES, JANA D
Address: 70 NE 132ND STREET
City-St-Zip: MIAMI, FL 33161

Title: MR. () Change (X) Addition
Name: MORALES, LARRY D
Address: 70 NE 132ND STREET
City-St-Zip: MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the 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: JANA MORALES

MRS.

01/31/2007

Electronic Signature of Signing Officer or Director

_____ Date