2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P07000113902

Entity Name: AQUANUT DIVE SERVICES INC

Current Principal Place of Business:

5012 SW 10TH AVE
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

5012 SW 10TH AVE
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 26-1256010 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, GAIL
5012 SW 10TH AVE
CAPE CORAL, FL 33914 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALLEN, CHRISTOPHER J
Address: 5012 SW 10TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: VP ( ) Delete
Name: ALLEN, GAIL
Address: 5012 SW 10TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: TREA ( ) Delete
Name: ALLEN, DENNIS
Address: 5012 SW 10TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: SECR ( ) Delete
Name: SUTTON, CHRISTOPHER
Address: 1444 SE 21 STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: CFO ( ) Delete
Name: BROWN, STACY
Address: 3016 NW 6TH PL
City-St-Zip: CAPE CORAL, FL 33993

Title: COO (X) Delete
Name: BROWN, CHASITY
Address: 3016 NW 6TH PL
City-St-Zip: CAPE CORAL, FL 33993

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:

Title: MGR (X) Change ( ) Addition
Name: BENTLEY, LINDA
Address: 1444 SE 21 STREET
City-St-Zip: CAPE CORAL, FL 33990

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: GAIL ALLEN VP 05/01/2008

Electronic Signature of Signing Officer or Director Date