

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000032686

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** DIVE AUTHORITY INC.

**Current Principal Place of Business:**

1391 NW ST LUCIE WEST BLVD  
PORT ST LUCIE, FL 34986 US

**New Principal Place of Business:**

**Current Mailing Address:**

1391 NW ST LUCIE WEST BLVD  
PORT ST LUCIE, FL 34986 US

**New Mailing Address:**

**FEI Number:** 26-4732252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HINTON, ANDREA  
1391 NW ST LUCIE WEST BLVD  
PORT ST LUCIE, FL 34986 US

**Name and Address of New Registered Agent:**

HINTON, KEVIN  
1391 NW ST LUCIE WEST BLVD  
PORT ST LUCIE, FL 34986 US

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: KEVIN HINTON

04/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P,D  
Name: HINTON, ANDREA  
Address: 1391 NW ST LUCIE WEST BLVD PMB 143  
City-St-Zip: PORT ST LUCIE, FL 32986 US

Title: S,T  
Name: HINTON, KEVIN  
Address: 1391 NW ST LUCIE WEST BLVD PMB 143  
City-St-Zip: ORLANDO PORT ST LUCIE, FL 32986 US

I hereby 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 all other like empowered.

SIGNATURE: ANDREA HINTON

MRS

04/05/2011

Electronic Signature of Signing Officer or Director

Date