

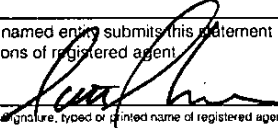
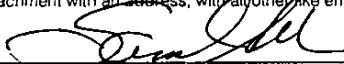


**2008 FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P94000050025 1. Entity Name ANDERSON DIVING, INC.						FILED 08 DEC -4 PM 1:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4811 BOWDEN RD JACKSONVILLE, FL 32216 US				Mailing Address 4811 BOWDEN RD JACKSONVILLE, FL 32216 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-3255808				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ANDERSON, SCOTT C 5731 ST AUGUSTINE RD JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent Name Anderson, Scott C. Street Address (P.O. Box Number is Not Acceptable) 4811 Bowden Rd. Jacksonville, FL 32216 City FL Zip Code 32216			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE 				Scott C. Anderson		11-24-08 <small>DATE</small>	
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, SCOTT C 5731 ST AUGUSTINE RD JACKSONVILLE, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Anderson, Scott C 4811 Bowden Road Jacksonville, FL 32216		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ANDERSON, SARAH N 11379 MOTOR YACHT DRIVE N. JACKSONVILLE, FL 32225			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Treasure Anderson, Sarah N (same)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	200137834912 11/14/08--01042--005 **87.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				Sarah Anderson		11/24/08 <small>Date</small>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				904-731-0000 <small>Daytime Phone #</small>			