2008 FOR PROFIT CORPORATION FILED ANNUAL REPORT Apr 18, 2008 08:00 A Secretary of State **DOCUMENT # P94000057925** 1. Entity Name ATOCHA TREASURE TOURS, INC. Principal Place of Business Malling Address 200 GREENE STREET 200 GREENE STREET KEY WEST, FL 33040 KEY WEST, FL 33040 No Chg-P 04142008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0510660 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FISHER, KIM H DO NOT WRITE 200 GREENE ST KEY WEST, FL 33040 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be 000000907277 05/05/08-80031-025 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10.

10. OFFICERS AND DIRECTORS

ITTLE
P
NAME
FISHER, JUANITA L
74 TAMARIND DR.
CITY-ST-ZP
KEY WEST, FL

ITTLE
VP
NAME
FISHER, KIM
STREET ADDRESS
CITY-ST-ZP
KEY WEST, FL

CITY-ST-ZIP

KEY WEST, FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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:	Ł
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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #