2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P94000088472** 01-12-2006 90195 049 ***150.00 JIM ABERNETHY'S SCUBA ADVENTURES, INC. Principal Place of Business Mailing Address 40001702 2116 AVENUE B 2116 AVENUE B RIVIERA BEACH, FL 33404 US RIVIERA BEACH, FL 33404 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01082006 Chg-P Applied For City & State City & State 4. FEI Number 65-0537835 Not Applicable Country Ζip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Narrie ABERNETHY, JAM. Street Address (P.O. Box Number is Not Acceptable) JAMES ABERNATHY, ANNA B 712 PELICAN WAY N PALM BCH, FL 33408 Pelican WAY 33408 BEACH 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 DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. n Delete TITLE ☐ Change Addition ABERNETHY, JAMES R NAME NAME STREET ADDRESS 712 PELICAN WAY STREET ADDRESS NORTH PALM BEACH, FL 33408 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete ABERNETHY, ANNA B NAME STREET ADDRESS 712 PELICAN WAY STREET ADDRESS NORTH PALM BEACH, FL. 33408 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP: CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 SIGNATURE: OR DIRECTOR

FILED

Jan 12, 2006 8:00 am