2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# P94000093457

Entity Name: VOLUSIA MARINE SALVAGE, INC.

Current Principal Place of Business:

4287 ORIOLE AVE
DAYTONA BEACH, FL 321276647 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291103
PORT ORANGE, FL 321291103 US

New Mailing Address:

FEI Number: 59-3291769 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHWARTZ, STEVEN G
3301 NW BOCA RATON BLVD
SUITE 200
BOCA RATON, FL 33431 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SAVIA, PAUL
Address: 4287 ORIOLE AVE
City-St-Zip: DAYTONA BEACH, FL 321276647

Title: VD ( ) Delete
Name: SAVIA, DONNA M
Address: 4287 ORIOLE AVE
City-St-Zip: DAYTONA BEACH, FL 321276647

Title: S ( ) Delete
Name: SAVIA, FRANK P
Address: 18A PARK LANE PL
City-St-Zip: MASSAPEQUA, NY 11758

Title: T ( ) Delete
Name: SAVIA, JOANNE M
Address: 18A PARK LANE PL
City-St-Zip: MASSAPEQUA, NY 11758

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL SAVIA P 04/23/2004

Electronic Signature of Signing Officer or Director — Date