


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90391 042 ***150.00

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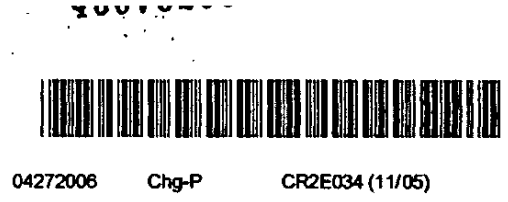
1. Entity Name
H2O SCUBA, INC.



Principal Place of Business Mailing Address
160 SUNNY ISLES BLVD **160 SUNNY ISLES BLVD**
SUNNY ISLES BEACH, FL 33160 US **SUNNY ISLES BEACH, FL 33160 US**

2. Principal Place of Business 3. Mailing Address
14382 Biscayne Blvd. **14660 NW 17 Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
na

City & State City & State
North Miami Bch Fla **miami Fla**
 Zip Country Zip Country
33181 USA **33167 USA**



8. Name and Address of Current Registered Agent
DEL CAMPO, HENRY
160 SUNNY ISLES BLVD
SUNNY ISLES BEACH, FL 33160

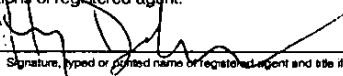
14382 Biscayne Blvd.
 North mit Bch, Fl
 33181

4. FEI Number Applied For
65-0575840 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: **4-27-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	D DEL CAMPO, HENRY 160 SUNNY ISLES BLVD. SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Del Campo, Henry 14660 NW 17 Drive miami, Fla 33167 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **4-27-06** Daytime Phone #: **305 956-3483**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR