2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000062619

Entity Name: BLUE PLANET DIVE & SURF. INC

FILED May 01, 2009 Secretary of State

| y | mer bloc i li | WET BIVE & CORT, INC. | | | | |
|---|---|---|--|--|---|--|
| Current P | rincipal Place | of Business: | New Prince | New Principal Place of Business: | | |
| | V ST. LUCIE W CIE, FL 34986 | . BLVD | | 125 SW PORT ST LUCIE BLVD PT ST LUCIE, FL 34984 | | |
| Current M | lailing Addres | s: | New Maili | New Mailing Address: | | |
| 1317 B NW ST. LUCIE W. BLVD PT ST LUCIE, FL 34986 | | | 125 SW PORT ST LUCIE BLVD PT ST LUCIE, FL 34984 | | | |
| FEI Number: 65-0598661 FE | | FEI Number Applied For() | FEI Number Not Applicable () | | Certificate of Status Desired () | |
| Name and | Address of C | urrent Registered Agent: | Name and | Address of | f New Registered Agent: | |
| NEVILLE, 2981 SE M PT ST LUG | KIRK MORNINGSIDE CIE, FL 34952 | BLVD US | | | | |
| | named entity s e of Florida. | ubmits this statement for the p | purpose of changing | its registered | d office or registered agent, or both, | |
| SIGNATUR | RE: | | | | | |
| Electronic Signature of Registered Age | | | ent | t Date | | |
| | | S(2)(b), F.S., the corporation did no | ot receive the prior notic | e. | | |
| Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | NEVILLE, KIRK | Delete LUCIE W. BVLD. CIE, FL 34986 | Title: Name: Address: City-St-Zip: | NEVILLE, KI 125 SW POF | (X) Change ()Addition RK RT ST LUCIE BLVD 「LUCIE, FL 34984 | |
| Title: Name: Address: City-St-Zip: | VP (X) NEVILLE, CRIS [*] 2981 SE MORN PORT SAINT LU | INGSIDE BLVD | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | S () CUNNINGHAM, 1218 SE MANTH PORT SAINT LU | l LN | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | S () OWENS, JEREM 6462 FAGAN ST PORT ST. LUCII | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KIRK NEVILLE P 05/01/2009