FILED Aug 29, 2003 8:00 am Secretary of State

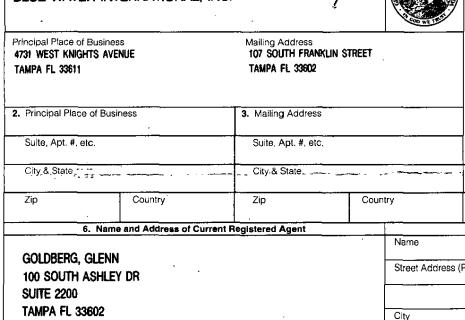
08-29-2003 90093 038 ***550.00

P96000055512

1. Entity Name

SIGNATURE

BLUE WATER INTERNATIONAL, INC.





☐ CHECK HERE IF MAKING CHANGES

4.-FEI Number - 59-3386209

\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code

₿.	The above named entity submits this statement for the purpose of changing its register	red office or registered agent, or both, in the State of Florida. I	am familiar with, and accept
	the obligations of registered agent.	· -	·

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable

المريضية المراج	ي - شرر د	25	9. Election Campaign Financing
			Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For Not Applicable

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEFFERNAN, JOHN 4731 WEST KNIGHTS AVENUE TAMPA FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TATISHA, LYNN 4731 WEST KNIGHTS AVE TAMPA FL 33611	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACE, STEPHEN 4601 SAN JOSE TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MACE, STEPHEN 4601 SAN JOSE DR TAMPA FL 33602	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 oth

SIGNATURE:

Daytime Phone #