2007 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT Apr 26, 2007 08:00 A Secretary of State DOCUMENT # P97000020070 1. Entity Name **H2O ADVENTURES, INC.** Principal Place of Business Mailing Address 701 S. BAYSHORE BLVD., STE. 101 701 S. BAYSHORE BLVD., STE. 101 TAMPA, FL 33606 TAMPA, FL 33606 04222007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3442875 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WARD, KEN DO NOT WRITE 701 S. BAYSHORE BLVD., STE. 101 TAMPA, FL 33606 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be \Box Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS DPST TITLE

10. OFFICERS AND DIRECTORS

IITLE DPST WARD, KEN
STREET ADDRESS
CITY-ST-ZIP TAMPA, FL 33606

IITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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DO NOT WRITE IN THIS SPACE

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 supplier intal 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 of 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:

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTO

1/22/5

813-251-4188

Daytime Phone #