2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106823

Entity Name: ORLANDO DIVE AND SNORKEL TOURS, INC.

FILED Jan 12, 2004 Secretary of State

| Current Principal Place of Business: New P | rincipal Place of Business: |
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|--|-----------------------------|

12026 MOLUCCA CT 6502 N. MYAKA AVE.

ORLANDO, FL 32837 CRYSTAL RIVER, FL 34428

Current Mailing Address: New Mailing Address:

12026 MOLUCCA CT 6502 N. MYAKA AVE

ORLANDO, FL 32837 CRYSTAL RIVER, FL 34428

FEI Number: 59-3551279 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAYES, ROBERT S 441 W VINE ST

KISSIMMEE, FL 34741 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change () Addition Name: WOLF, KENNETH C Name: WOLF, KENNETH C

 Name:
 WOLF, KENNETH C
 Name:
 WOLF, KENNETH C

 Address:
 12026 MOLUCCA CT
 Address:
 6502 N. MYAKA AVE.

 City-St-Zip:
 ORLANDO, FL 32837
 City-St-Zip:
 CRYSTAL RIVER, FL 34428

Title: VTD () Delete Title: VTD (X) Change () Addition

 Name:
 WOLF, JULIE
 Name:
 WOLF, JULIE

 Address:
 12026 MOLUCCA CT
 Address:
 6502 N. MYAKA AVE.

 City-St-Zip:
 ORLANDO, FL 32837
 City-St-Zip:
 CRYSTAL RIVER, FL 34428

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: JULIE WOLF VTD 01/12/2004