

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P990000000050

FILED
Feb 15, 2005
Secretary of State

Entity Name: INTERNATIONAL BOARD OF UNDERSEA MEDICINE, INC.

Current Principal Place of Business:

522 CARIBBEAN DR.
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

490 CARIBBEAN AVENUE
KEY LARGO, FL 33037 US

New Mailing Address:

FEI Number: 65-0888536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERTSCH, JEFFREY J
490 CARIBBEAN AVE.
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: RUTKOWSKI, RICHARD L
Address: 490 CARIBBEAN DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: D () Delete
Name: SHAW, KARLE H JR.
Address: 306 REBECCA AVENUE
City-St-Zip: DOTHAN, FL 36301

Title: D () Delete
Name: BERTSCH, JEFFREY J
Address: PO BOX 207
City-St-Zip: SEELEY LAKE, MT 59868

Title: D () Delete
Name: JAMES, LOUIS F
Address: 1262 PARSIMMON BLVD.
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JEFFREY J. BERTSCH

D

02/15/2005

Electronic Signature of Signing Officer or Director

Date