2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000016188

City-St-Zip:

PALM BEACH GARDENS, FL 33410

Entity Name: UNDERWATER SOLUTIONS CORP

FILED Jul 23, 2007 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of | New Principal Place of Business: | |
|---|--|---|---|--|--|
| | VOOD LANE ACH GARDEN | S, FL 33410 | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | VOOD LANE ACH GARDEN | S, FL 33410 | | | |
| FEI Number | : 65-0895516 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 164 OAKW | EN, PETER J VOOD LANE ACH GARDEN | S, FL 33410 US | | | |
| | e named entity e of Florida. | submits this statement for the | purpose of changing its registered | office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electro | nic Signature of Registered Ag | ent | Date | |
| | | 3(2)(b), F.S., the corporation did n g Trust Fund Contribution (). | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | BALLENGER, 11616 63RD L | | Title: (Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | NELLESSEN, I 164 OAKWOO | | Title: (Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | * |) Delete NELLESSEN, DEBORAH D I ANF | Title: (Name: Address: | () 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.

City-St-Zip:

SIGNATURE: PETER NELLESSEN PS 07/23/2007