

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000036410

FILED
Apr 29, 2003
Secretary of State

Entity Name: PALM COAST BLUE WATER INTERNATIONAL CORPORATION

Current Principal Place of Business:

21 OLD KINGS ROAD NORTH, SUITE B101
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

220 BROADWAY
SUITE 101
LYNNFIELD, MA 09140 US

New Mailing Address:

FEI Number: 04-3476044 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHIUUMENTO, MICHAEL D
4 OLD KINGS ROAD NORTH, SUITE B
PALM COAST, FL 32137 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: DPT () Delete
Name: KAN, VALERIE
Address: 21 OLD KINGS ROAD NORTH, SUITE B101
City-St-Zip: PALM COAST, FL 32137

Title: VS () Delete
Name: HARKINS, WILLIAM
Address: 21 OLD KINGS ROAD NORTH, SUITE B101
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: VALERIE KAN

DPT

04/29/2003

Electronic Signature of Signing Officer or Director

Date