


2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000007998
1. Entity Name
H2O DIVING & SALVAGE, INC.



Principal Place of Business
2550 EISENHOWER BLVD., SUITE 203
PORT EVERGLADES, FL 33316

Mailing Address
P. O. BOX 165485
PORT EVERGLADES, FL 33316



07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1069069

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FARRELL, MARY *BOTH*
2550 EISENHOWER BLVD., SUITE 203
PORT EVERGLADES, FL 33316

DO NOT WRITE 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: *Mary Farrell* (NOTE: Registered Agent signature required when reinstating)

DATE: *7/19/06*

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------------|
| TITLE | PSTD |
| NAME | FARRELL, MARY <i>BOTH</i> |
| STREET ADDRESS | 2550 EISENHOWER BLVD., SUITE 203 |
| CITY-ST-ZIP | PORT EVERGLADES, FL 33316 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |

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08/01/06-80007-006 150.00

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 supplemental 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 or 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: *X* *Mary Farrell* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE: *7/19/06* DAYTIME PHONE #: *954764-820*