



State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.
REPORT DUE BY April 1, 2006
ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 02/23/2006
Business ID: 82465
William M. Gardner
Secretary of State

UNDERSEA WHAT WE SEE, INC.
163 WATER ST , PO BOX 616
EXETER , NH 03833

ADDRESS OF PRINCIPAL OFFICE:

163 WATER ST , PO BOX 616
EXETER , NH 03833

REGISTERED AGENT AND OFFICE:

BRIAN F MCCAFFREY ESQ
163 WATER ST , PO BOX 630
EXETER , NH 03833

ENTITY TYPE: CORPORATION

BUSINESS ID: 82465

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 020384615

DIVE CHARTERS & UNDERWATER PHOTOGRAPH
CHARTERS-TRAVEL TOURS-UNDERWATER PHOTOS

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- The new mailing address _____
 The new principal office address _____

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. **Gary William Leblanc**

STREET **PO Box 951**

CITY/STATE/ZIP **Hampton Nh 03842**

SEC'Y. **Brian F McCaffrey**

STREET **163 Water Street**

CITY/STATE/ZIP **Exeter Nh 03833**

PRES. **Gary WILLIAM Leblanc**

STREET **PO BOX 951**

CITY/STATE/ZIP **Hampton NH 03842**

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. **Gary WILLIAM Leblanc**

STREET **PO BOX 951**

CITY/STATE/ZIP **Hampton NH 03842**

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **GARY WILLIAM LEBLANC**

Please print name and title of signer: **GARY WILLIAM LEBLANC** / **PRESIDENT**

NAME TITLE

FEE DUE: **\$100.00**

E-MAIL ADDRESS (OPTIONAL): _____



**WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE**
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529