2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2004 08:00 AM Secretary of State **DOCUMENT # 628901** 1. Entity Name SHARON CHADWICK VESSEL DOCUMENTATION, INC. Principal Place of Business Mailing Address 2170 S.E. 17TH ST. 2170 S.E. 17TH ST. SUITE 301 SUITE 301 FT. LAUDERDALE, FL 33316 FT. LAUDERDALE, FL 33316 01222004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1933444 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CHADWICK, SHARON M DO NOT WRITE HC 61 BOX 41-F CLEWISTON, FL 33440 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) Tierre FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CHADWICK, SHARON M NAME HC 61 BOX 41-F STREET ADDRESS CITY-ST-ZIP CLEWISTON, FL 33440 TITLE NAME U00000133991 STREET ADDRESS 04/28/04-80001-021 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify 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 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 attachate with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS

OUL -SHARON M.CHARUNCK / 100. 4

426/04 954/462-8971

FILED