200 FOR PROFIT CORPORATION

	7.10	ANI CELLE	YUAL KEPUI	K 1 (٦.			
DOCU	MENT	# G91160	•		1				
1. Entity Nam	ne							FILED	
DYNASTY MARINE ASSOCIATES, INC.					N. S. Cal	'	i	TLLU	
					THE STATE OF THE S		06 JAN	-9 PH 2:	18
Principal Plac	e of Busines	s	Mailing Address			1			
10602 7TH			10602 7TH AVE GULF				StUNE.	i Aski Qr. 5 (A	
MARATHON,	FL 33050	US	MARATHON, FL 33050 US			COUNT TAKE OF STATE TALLAHASSEE, FLORIDA			
						1 (0.17) 4.070		TI BUTI BUTI SUU BUTI UT	
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.						
Salto, 7 pt. 11, oto.			35.0,7,0.0.7			12012005	Chg-P	CR2E034 (10/	· · · · · · · · · · · · · · · · · · ·
City & State			City & State			4. FEI Number 59-2412	നട	<u> </u>	Applied For Not Applicable
Zip	Zip Country		Zip Country			5. Certificate of Status Desired \$8.75 Additional			
	<u> </u>				1	Fee Required			uíred
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name									
WARNER,	RICHARI	DE		Christopher Vaughtly					
10035 OV					Street Address	(P.O. Box Number	is Not Acceptab	le) /	
MARATHO	JN, FL 33	050			10602	つれ	AI/E	C. H	
				City				EI Zip	Code
8 The above	named entit	v submits this statement for	the oursoes of changing its	register	ed office or registe	red agent or both	in the State of E	orida Lam familiar L	rith and accept
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 / 12/14/05									
SIGNATURE Signeture, typed or printed name of registered agent and bits if applicable. (NOTE Registered Agent signature required when reinstating)									
O. Floring Compaign Financia									
9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS (C	HANCES TO OF	FICERS AND DIRECT	TODE IN 11
TITLE	V	OF TOLLIO AND	☐ Delete	TITLI	E	ADDITIONS/C	HANGES TO OF	Chai	
NAME		RY, CHRISTOPHER		NAM	™ 700062375267				7
STREET ADDRESS CITY+ST-ZIP	Į.	H AVENUE GULF ON, FL 33050			ET ADDRESS -ST-ZIP	01/12/0601040019 **88.75			38.75
TITLE	P	014,112 00000	☐ Delete	HILL		_ .		☐ Char	nge. Addition
NAME		FORREST A	NAME		1	70	<u>)</u> 062	:37526 UU22 **	I ACCURON
STREET ADDRESS		H AVENUE GULF			ET ADORESS	12/23	/05=-0104	U==U22 **	70.00
CITY-ST-ZIP	V	ON, FL 33050		-	-ST-ZIP				
TITLE NAME	1 -	HEATH J	☐ Delete	TETLE	i i			☐ Chai	nge 🔲 Addition
STREET ADDRESS	l - '	STREET OCEAN			ET ADDRESS				
CITY-ST-ZIP	MARATH	ON, FL 33050		CITY	- ST - ZIP				
TITLE	V	POREIRIO I	☐ Delete	TITLE		1 10		☐ Char	ige 🔲 Addition
NAME RAMIREZ, PORFIRIO J STREET ADDRESS 10602 7TH AVENUE GULF				NAM: STRE	ET ADDRESS	RC 1110			
CITY-ST-ZIP		ON, FL 33050			-ST-ZIP) '			
TITLE		, -	☐ Delete	THELE	1			☐ Char	nge Addition
NAME STREET ADDRESS				NAM	· I				
CITY-ST-ZIP					ET ADORESS -ST-ZIP				i
TITLE			☐ Delete	TITLE	<u> </u>			☐ Char	nge Addition
NAME CHICKY ADDRESS				NAM				_	` _
STREET ADDRESS CITY-ST-ZIP			ET ADDRESS -ST-ZIP				[
12. I hereby o	certify that the	e information supplied with	this filing does not qualify for	the exe	motion stated in S	ection 119 07/31/ii	Florida Statutos	I further certify that t	he information
12. I hereby certify that the information supplied with this filing 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 attachment with an edicress, with all proportike empowered.									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DECENDED TO DELLE DESCRIPTION OF THE PROPERTY OF									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dela Dela Dela Dela Dela Dela Dela Dela									