

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 04, 2005
Secretary of State**

DOCUMENT# N95000002839

Entity Name: INTERNATIONAL MARINE RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

4700 N. HIATUS ROAD
SUITE 201
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

151 N. NOBHILL ROAD
STE 213
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 59-3350894 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODEN, MARILYN
4700 N. HIATUS ROAD
SUITE 201
SUNRISE, FL 33351 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMAS, RUSSELL M
Address: 151 N. NOB HILL ROAD #213
City-St-Zip: PLANTATION, FL 33324

Title: VD () Delete
Name: THOMAS, JANE E
Address: 151 N. NOB HILL ROAD #213
City-St-Zip: PLANTATION, FL 33324

Title: VD () Delete
Name: THOMAS, MERRITT F
Address: 151 N. NOB HILL ROAD #213
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: RODEN, MARILYN
Address: 4700 N. HIATUS ROAD,STE. 201
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN RODEN

D

04/04/2005

Electronic Signature of Signing Officer or Director

Date