


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90209 007 ***150.00

DOCUMENT # P01000060040

1. Entity Name
ADVANCED MARINE TECHNOLOGIES & ENTERPRISES, INC.



14006094

Principal Place of Business
7702 HATTERAS DRIVE HUDSON, FL 34667

Mailing Address
16528 N. Dale Mabry Hwy. TAMPA, FL 33618



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
16528 N. Dale Mabry Hwy
 Suite, Apt. #, etc.

01222005 Chg-P CR2E034 (10/03)

City & State
Tampa, FL

4. FEI Number
59-3727630

Applied For
 Not Applicable

Zip
33618

Country

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

6. Name and Address of Current Registered Agent
SANDERS, WALTER
3355 BEARSS AVENUE TAMPA, FL 33618
16528 N. Dale Mabry Hwy

7. Name and Address of New Registered Agent
 Name
Sanders, Walter
 Street Address (P.O. Box Number is Not Acceptable)
16528 N. Dale Mabry Hwy
 City
Tampa FL Zip Code
33618

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 Walter Sanders Walter Sanders 2/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLOCK, ERNEST J 7702 HATTERAS DRIVE HUDSON, FL 34667 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKLOS, STEPHEN 6725 RIVER ROAD NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address, with all other like empowered.

SIGNATURE: Ernest J. Pollock, Jr. Ernest J. Pollock, Jr. 9/26/2005 727-224-2024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #