
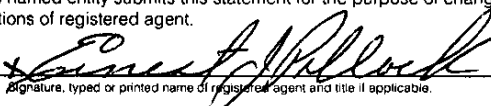


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90063 022 ***150.00

DOCUMENT # P01000060040			
1. Entity Name ADVANCED MARINE TECHNOLOGIES & ENTERPRISES, INC.			
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 - No P.O. Box #		3. Mailing Address 7702 Hatteras Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Hudson, FL	
Zip	Country	Zip	Country
34667	USA	34667	USA
6. Name and Address of Current Registered Agent SANDERS, WALTER 16528 N DALE MABRY HWY TAMPA, FL 33618		7. Name and Address of New Registered Agent Name Ernest J. Pollock Street Address (P.O. Box Number is Not Acceptable) 7702 Hatteras Dr. City Hudson FL Zip Code 34667	
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 		DATE 3/14/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	D P T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLOCK, ERNEST J	NAME	
STREET ADDRESS	7702 HATTERAS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	HUDSON, FL 34667	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	D V P S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKLOS, STEPHEN	NAME	
STREET ADDRESS	6922 RIVER RD	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

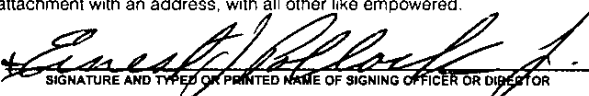


03092007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3727630 Applied For Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE 3/14/07 (727) 224-2024