2007 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Secretary of State DOCUMENT # P96000094368 02-22-2007 90014 028 ***150.00 MARITIME FREIGHT SYSTEMS, INC. Principal Place of Business Mailing Address 40022947 903 LARGO DRIVE 903 LARGO DRIVE GULF BREEZE, FL 32561 GULF BREEZE, FL 32561 2. Principal Place of Business - No P.O. Box # 2361 Inverses Drive 3. Mailing Address 2361 IN VERNESS DOILUE Suite, Apt. #, etc. Suite, Apt. #, etc. 02172007 Chg-P CR2E034 (12/06) City & State PENSACOIA City & State 4. FEL Number Applied For HENSACOIA, FLORIDA 59-3414060 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired <u>32203</u> AZU <u> 32503</u> USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Sadler Teresa G. Street Address (P.O. Box Number is Not Acceptable) SADLER, TERESA G 903 LARGO DR. GULF BREEZE, FL 32561 2361 INVENUESS ノスエクモ City TENSACO lA 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition Sadler, Tenesa G. 2361 Inverness Drive NAME SADLER, TERESA G NAME STREET ADDRESS 903 LARGO DR. STREET ADDRESS GULF BREEZE, FL 32561 CITY-ST-ZIP CITY ST-ZIP <u>Pensacola, Fua. 32503</u> TITLE ☐ Delete TITLE Change Addition SADLER, WILLIAM H. TE NAME SADLER, WILLIAM H III NAME 2361 Invenuess Drive 903 LARGO DR. STREET ADDRESS STREET ADDRESS GULF BREEZE, FL 32561 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FLA. 32503 TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE Change Addition TITLE ☐ Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST-ZIP ☐ Defete TIFLE □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP ☐ Change ☐ Defete Addition DIRE NAME NAME STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

WHSadiERTH

FILED Feb 22, 2007 8:00 am

850-602-6555

Daylime Phone #

2-17-2007