

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S50929

FILED
Apr 20, 2006
Secretary of State

Entity Name: NEW NAUTICAL COATINGS, INC.

Current Principal Place of Business:

14805 49TH ST. N
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

14805 49TH ST. N
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 59-3073054 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORRIE, DAVID
2181 34TH WAY
LARGO, FL 33771 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: NORRIE, JOHN
Address: 8972 BAYWOOD PARK DRIVE
City-St-Zip: SEMINOLE, FL

Title: P () Delete
Name: NORRIE, DAVID
Address: 2181 34TH WAY
City-St-Zip: LARGO, FL 33771

Title: C.E. () Delete
Name: NORRIE, ERIK
Address: 10637 HARBORSIDE DR.
City-St-Zip: LARGO, FL 33773

Title: S () Delete
Name: HERNANDEZ, CARA
Address: 8848 HERSHEY LANE
City-St-Zip: SEMINOLE, FL 33777

Title: T () Delete
Name: GARVER, CLYDE
Address: 1255 STARKEY RD
City-St-Zip: LARGO, FL 34641

Title: VP () Delete
Name: REVIE, JASON
Address: 14805 49TH STREET NORTH
City-St-Zip: CLEARWATER, FL 33762

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:

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 Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID NORRIE

_____ Electronic Signature of Signing Officer or Director

P

04/20/2006

_____ Date