

**2007 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**


**FILED**

**07 MAY 11 PM 12:02**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05072007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # S50929</b>			
1. Entity Name NEW NAUTICAL COATINGS, INC.			
Principal Place of Business 14805 49TH ST. N CLEARWATER, FL 33762		Mailing Address 14805 49TH ST. N CLEARWATER, FL 33762	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3073054		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NORRIE, DAVID 2181 34TH WAY LARGO, FL 33771		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C NORRIE, JOHN <input type="checkbox"/> Delete 8972 BAYWOOD PARK DRIVE SEMINOLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tommy Craft 14805 49th St. N Clearwater FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORRIE, DAVID <input type="checkbox"/> Delete 2181 34TH WAY LARGO, FL 33771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.E. NORRIE, ERIK <input type="checkbox"/> Delete 10637 HARBORSIDE DR. LARGO, FL 33773	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800103095188 05/23/07--01012--018 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERNANDEZ, CARA <input type="checkbox"/> Delete 8848 HERSHEY LANE SEMINOLE, FL 33777	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARVER, CLYDE <input type="checkbox"/> Delete 1255 STARKEY RD LARGO, FL 34641	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REVIE, JASON <input type="checkbox"/> Delete 14805 49TH STREET NORTH CLEARWATER, FL 33762	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 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:** David Norrie **David Norrie** **5/9/07** **523-8053**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #