## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 671458** 

BAHAMAS MARINE INTERNATIONAL INC.

FILED Feb 26, 2008 Secretary of State

Entity Name: BAHAMAS MARINE INTERNATIONAL, INC.					
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	TONWOOD L TON, FL 3349				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
10731 BUTTONWOOD LAKE DR BOCA RATON, FL 33498 US			10731 BUTTONWOOD LAKE DR BOCA RATON, FL 334981654 US		
FEI Number:	59-2001546	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
	J. TEMPO LN FON, FL 3343	3 US	INTERNATIONAL A 6504 CONTEMPO L BOCA RATON, FL		
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATURE: R J SIMMS				02/26/2008	
Election Can		nic Signature of Registered Age g Trust Fund Contribution ( ).	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MACKEEN, RO	IWOOD L;AKE DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MACKEEN, BAI	IWOOD LAKE DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD ( ) SIMMS, R.J., 6504 CONTEM BOCA RATON,		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	V ()	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROY D. MAC KEEN PD 02/26/2008

MACKEEN, ROBERT

DAVIE, FL 33314 US

6650 SW 39TH ST #B-5

Name:

Address:

City-St-Zip: