²⁰⁰⁶ FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 12, 2006 08:00 AM Secretary of State **DOCUMENT #246739** MARINE METAL PRODUCTS CO Principal Place of Business Malling Address 1730 CALUMET ST 1730 CALUMET ST CLEARWATER, FL 34625 CLEARWATER, FL 34625 04062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-0920465 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent LEA, CLARK M. DO NOT WRITE 1730 CALUMET ST CLEARWATER, FL 34625 IN THIS SPACE 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 Signature, typed or profiled name of registered agent and title if applicable. (NOTE: Pregistered Agent signature required when reinstating) Date 9. Election Campaign Financing U00000504367 FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May 8e Trust Fund Contribution. Added to Fees 04/26/06-80068-021 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME LEA, CLARK M STREET ADDRESS 1730 CALUMET ST CITY-SI-ZIP CLEARWATER, FL TITLE NAME LEA, MARY I STREET ADDRESS 1730 CALUMET ST CITY-ST-ZIP CLEARWATER, FL LEA, CLARK M., JR. NAME STREET ADDRESS 1730 CALUMET ST DO NOT WRITE CLEARWATER, FL OTY-ST-77 IN THIS SPACE MLE

CITY-ST-ZIP 12. Thereby 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 stocurate and that my signature shall have the same legal effect as if made under call; 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:

NAME STREET ADDRESS CITY-ST-ZIP TTTLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CLARK M. LEA, JR

TURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06

727-461-5575

Daytime Phone 9