


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 492223</b> 1. Entity Name <b>ALLIED MARINE GROUP, INC.</b>					
Principal Place of Business <b>401 SW FIRST AVENUE FT. LAUDERDALE, FL 33301 US</b>			Mailing Address <b>401 S.W. 1ST AVENUE FORT LAUDERDALE, FL 33301 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>13-2841232</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WAXLER, CAROL S ALLIED MARINE GROUP, INC 110 NORTH DIXIE HIGHWAY STUART, FL 34994</b>				7. Name and Address of New Registered Agent Name <b>CT CORPORATION SYSTEM</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 SOUTH PINE ISLAND ROAD</b> City <b>PLANTATION FL</b> Zip Code <b>33324</b>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE <u><i>Connie Bryan</i></u>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>CONNIE BRYAN</b>  <b>SPECIAL ASSISTANT SECRETARY</b> </div> <div style="width: 20%; text-align: right;">           DATE <u>4/30/07</u> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOD JOUSMA, GEORGE L 1445 SE 16TH STREET FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TOMSICH, ROBERT J 6140 PARKLAND BLVD MAYFIELD HEIGHTS, OH 44124	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300103904633</b> <b>06/05/07--01027--019 **150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WAXLER, CAROL S 110 N. DIXIE HIGHWAY STUART, FL 34994	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP,S,C</b> <b>Anthony Rodriguez</b> <b>401 SOUTHWEST 16th STREET</b> <b>FORT LAUDERDALE, FL 33316</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURKARD, JON 110 N DIXIE HWY STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RZICZNEK, FRANK J 6140 PARKLAND BLVD MAYFIELD HEIGHTS, OH 44124	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>V,D</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BRAINARD, PATRICK J 6140 PARKLAND BLVD MAYFIELD HEIGHTS, OH	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D,V,S</b>	
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: <u><i>Anthony Rodriguez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>Anthony Rodriguez, VP, Controller, Secretary</b>			Date <u>4/27/07</u> Daytime Phone # <u>954-462-5557</u>		