2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 492223

1. Entity Name
ALLIED MARINE GROUP, INC.

04242007 Chg-P CR2E034 (12/06) 07

Principal Place of Business	Mailing Address
401 SW FIRST AVENUE FT. LAUDERDALE, FL 33301 US	401 S.W. 1ST AVENUE FORT LAUDERDALE, FL 33301 US

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: 13-2841232 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WAXLER, CAROL S ALLIED MARINE GROUP, INC 110 NORTH DIXIE HIGHWAY STUART, FL 34994	Name: CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD City: PLANTATION FL Zip Code: 33324

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: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY 4/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV TOMSICH, ROBERT J 6140 PARKLAND BLVD MAYFIELD HEIGHTS, OH 44124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300103904633 06/05/07--01027--019 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS WAXLER, CAROL S 110 N. DIXIE HIGHWAY STUART, FL 34994	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP,S,C Anthony Rodriguez 401 SOUTHWEST 16th STREET FORT LAUDERDALE, FL 33316	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BURKARD, JON 110 N DIXIE HWY STUART, FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RZICZNEK, FRANK J 6140 PARKLAND BLVD MAYFIELD HEIGHTS, OH 44124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V,D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS BRAINARD, PATRICK J 6140 PARKLAND BLVD MAYFIELD HEIGHTS, OH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,V,S	☒ Change ☐ 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: Rodriguez 4/27/07 954-462-5557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Anthony Rodriguez, VP, Controller, Secretary