


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90183 034 ***150.00

DOCUMENT # 492223	
1. Entity Name ALLIED MARINE GROUP, INC.	

Principal Place of Business 401 SW FIRST AVENUE FT. LAUDERDALE, FL 33301 US	Mailing Address 401 S.W. 1ST AVENUE FORT LAUDERDALE, FL 33301 US
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60033441



2. Principal Place of Business - No P.O. Box #	3. Mailing Address	04212008	Chg-P	CR2E034 (12/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 13-2841232	Applied For Not Applicable	
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOUSMA, GEORGE L		NAME		
STREET ADDRESS	1445 SE 16TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOMSICH, ROBERT J		NAME		
STREET ADDRESS	6140 PARKLAND BLVD		STREET ADDRESS		
CITY-ST-ZIP	MAYFIELD HEIGHTS, OH 44124		CITY-ST-ZIP		
TITLE	VPSC	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODRIGUEZ, ANTHONY		NAME	VS	
STREET ADDRESS	401 SOUTHWEST 16TH STREET		STREET ADDRESS	RODRIGUEZ, ANTHONY	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316		CITY-ST-ZIP	401 SOUTHWEST 16TH STREET FORT LAUDERDALE, FL 33316	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURKARD, JON		NAME		
STREET ADDRESS	110 N DIXIE HWY		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RZICZNEK, FRANK J		NAME		
STREET ADDRESS	6140 PARKLAND BLVD		STREET ADDRESS		
CITY-ST-ZIP	MAYFIELD HEIGHTS, OH 44124		CITY-ST-ZIP		
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRAINARD, PATRICK J		NAME		
STREET ADDRESS	6140 PARKLAND BLVD		STREET ADDRESS		
CITY-ST-ZIP	MAYFIELD HEIGHTS, OH		CITY-ST-ZIP		

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: Patrick J. Brainard 4/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #