


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 Mailing Address
401 SW FIRST AVENUE **401 S.W. 1ST AVENUE**
FT. LAUDERDALE, FL 33301 US **FORT LAUDERDALE, FL 33301 US**

60033441



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 Applied For
13-2841232 Not Applicable

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

04212008 Chg-P CR2E034 (12/06)

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. **\$5.00** May Be Added to Fees

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	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ANTHONY		NAME	RODRIGUEZ, ANTHONY	
STREET ADDRESS	401 SOUTHWEST 16TH STREET		STREET ADDRESS	401 SOUTHWEST 16TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316		CITY-ST-ZIP	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 Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #