

# 2206 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |         |                                                                                   |                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 497044</b><br>1. Entity Name<br><b>PIONEER SHIPPING, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                |         |                                                                                   |                                                                                                                                      |  |
| Principal Place of Business<br><b>3250 N.W. N RIVER DR.<br/>BOX 660199<br/>MIAMI FL 33142</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                |         | Mailing Address<br><b>3250 N.W. N RIVER DR.<br/>BOX 660199<br/>MIAMI FL 33142</b> |                                                                                                                                      |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                |         | 3. Mailing Address<br>Suite, Apt. #, etc.                                         |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |         | City & State                                                                      |                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                | Country |                                                                                   | 4. FEI Number<br><b>59-1646514</b>                                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                |         |                                                                                   | Applied For<br>Not Applicable                                                                                                        |  |
| 6. Name and Address of Current Registered Agent<br><br><b>THOMPSON, RAYMOND J<br/>3250 NORTH WEST NORTH RIVER DRIVE<br/>MIAMI FL 33142</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |         |                                                                                   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when translating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                |         |                                                                                   |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |         |                                                                                   | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Added to Fees                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                      |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PD<br>THOMPSON, RAYMOND J.<br>3250 N.W.N. RIVER DR<br>MIAMI FL |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                |         | <input type="checkbox"/> Change <input type="checkbox"/> Add                      |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                |         | <input type="checkbox"/> Change <input type="checkbox"/> Add                      |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                |         | <input type="checkbox"/> Change <input type="checkbox"/> Add                      |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                |         | <input type="checkbox"/> Change <input type="checkbox"/> Add                      |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                |         | <input type="checkbox"/> Change <input type="checkbox"/> Add                      |                                                                                                                                      |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |         | 2-10-06 (305) 623-3220                                                            |                                                                                                                                      |  |