2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

DIVISION OF CORPORATIONS **DOCUMENT # 591986** SCAN-AM MARINE SERVICES, INC. 04 AUG -5 AM 8: 00 Principal Place of Business Mailing Address 373 N. RIVER AVENUE 373 N. RIVER AVENUE DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 2. Principal Place of Business 3. Mailing Address CR2E034 (10/03) MRD Suite, Apt. #, etc. Suite, Apt. #, etc. 07302004 Cha-P City & State City & State 4. FEI Number Applied For 59-2473830 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Robert W. Birdsong BLODIG, GREGORY J Street Address (P.O. Box Number is Not Acceptable) GREENSPOON, MARDER ET AL 100 WEST CYPRESS CREEK ROAD, #700 FORT LAUDERDALE, FL 33309 373 N. River Avenue Zip Code Deerfield Beach 33441 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. Burssow ROBERT W (NOTE: Registered Agent signature required when reinstating) agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DCST TITI F XI Delete TITHE Change ☐ Addition NAME CROUSHORE, RON NAME STREET ADDRESS 373 NORTH RIVER AVENUE STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-7IP D.P.S.T TITLE ☐ Delete TITLE Change ■ Addition BIRDSONG, ROBERT NAME Birdsong, Robert NAME STREET ADDRESS 373 NORTH RIVER AVENUE STREET ADDRESS 373 North River Avenue CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP Deerfield Beach, FL 33441 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE 800040289268 08/18/04--01050--013 **61,25 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.