2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 19, 2007 08:00 A DOCUMENT # 629091 **Secretary of State** JUDSON MARINE, INC. Principal Place of Business Mailing Address 3911 NE 23 TERRACE 3911 NE 23 TERRACE LIGHTHOUSE POINT, FL 33064 US LIGHTHOUSE POINT, FL 33064 01122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1913959 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JUDSON, RACHELLE M. DO NOT WRITE **3911 NE 23 TERRACE** LIGHTHOUSE POINT, FL 33064 IN THIS SPACE 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. 1 am familiar with, and accept the obligations of registered agent. sture, typed or printed name of registered agent and tale if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TIME JUDSON, RACHELLE M NAME STREET ADDRESS 3911 NE 23 TERR. CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 U00000593454 01/22/07-80031-024 150.00 TITLE JUDSON, RACHELLE M NAME 3911 NE 23 TERR. STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 TITLE NAME STREET ADDRESS DO NOT WRITE CON-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS Caty-ST-ZIP TITLE NAME

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 507, 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.

STREET ADDRESS City-ST-ZIP

OFFICER OR DIRECTOR