2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 28, 2005 8:00 am Secretary of State **DOCUMENT #649998** 1. Entity Name 03-28-2005 90051 018 ***150.00 FELIX MARINE ELECTRONICS, INC. Principal Place of Business Mailing Address 11525 S CLEVELAND AVE 11525 S CLEVELAND AVE SUITE 3 SUITE 3 FT MYERS, FL 33907 FT MYERS, FL 33907 2. Principal Place of Business 3. Mailing Address 117635, Cleveland Suite, Apt. #, etc. 03172005 Cha-P CR2E034 (10/03) Suite City & State City & State Applied For 4. FEI Number 59-1983766 tort onw ORS Not Applicable Country Country Zip \$8.75 Additional Fee Regulied 5._Certificate of Status Desired_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, ALAN 21462 SHERIDEN RUN Street Address (P.O. Box Number is Not Acceptable) ESTERO, FL 33928 City 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 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, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME RODRIGUEZ, ALAN NAME STREET ADDRESS 21462 SHERIDAN RUN STREET ADDRESS ESTERO, FL 33928 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME . . -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP Addition TITLE □ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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 filing 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-wijth all other like empowered. SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

FILED