


2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90025 045 \*\*\*\*70.00

<b>DOCUMENT # 701362</b> 1. Entity Name <b>RICHEY MARINE TRAINING AND RESCUE GROUP, INC.</b>					
Principal Place of Business <b>3920 MARINE PARKWAY NEWPORT RICHEY, FL 34652</b>				Mailing Address <b>3920 MARINE PARKWAY NEWPORT RICHEY, FL 34652</b>	
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 <b>59-2040641</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ZANETTI, BERNARD 4415 DEVON DR. NEW PORT RICHEY, FL 34653</b>			Name <b>ROBERT A. AYERS</b> Street Address (P.O. Box Number is Not Acceptable) <b>7139 JASMINE DR</b> City <b>NEW PORT RICHEY FL</b> Zip Code <b>34656</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ZANETTI, BERNARD 4415 DEVON DR. NEW PORT RICHEY, FL 34653</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Robert A. Ayers 7139 Jasmine Dr. New Port Richey, FL 34656</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SMITH, PAUL L 4437 GARNETT DR. NEW PORT RICHEY, FL 34652</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Robert W. Smallwood 7124 Meighan Court New Port Richey, FL 34652</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Finance Roger D. Anderson 4551 Floramar Terrace New Port Richey, FL 34652</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Kevin Thomas 9212 Calle Alta New Port Richey, FL 34655</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 617, 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.					
<b>SIGNATURE: _____</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>04/14/2008 (727) 816-8629</b> <small>Date Daytime Phone #</small>		

**ROBERT A. AYERS**