


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90011 008 ****61.25

DOCUMENT # 730236		
1. Entity Name AMERICAN INSTITUTE OF MARINE STUDIES, INC.		
Principal Place of Business 11985 CANE RIDGE ROAD SAN DIEGO, CA 92128		Mailing Address 2240 SHELTER ISLAND DRIVE STE. 210 SAN DIEGO, CA 92106

2. Principal Place of Business <i>4332 E Tradewinds ave</i>		3. Mailing Address <i>4332 E Tradewinds ave</i>	
Suite, Apt. #, etc. <i>Lauderdale-by-the-Sea</i>		Suite, Apt. #, etc. <i>Lauderdale-by-the-Sea</i>	
City & State		City & State	
Zip <i>33308</i>	Country <i>USA</i>	Zip <i>33308</i>	Country <i>USA</i>



01062004 Chg-NP CR2E037 (10/03)

4. FEI Number 23-7391668		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name TOBIN, RICHARD		Name	
Street Address (P.O. Box Number is Not Acceptable) 2929 E COMMERCIAL BLVD 702 FORT LAUDERDALE, FL 33308		Street Address (P.O. Box Number is Not Acceptable)	
City FL		City FL	
Zip Code		Zip Code	

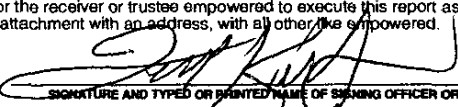
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

Filing Fee is \$81.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Delete KRAFT, FRED P 4332 E. TRADEWINDS AVE. FT. LAUDERDALE, FL 33308	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	<input type="checkbox"/> Delete KRAFT, BEVERLY 4332 E. TRADEWINDS AVE. FT. LAUDERDALE, FL 33308	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD	<input checked="" type="checkbox"/> Delete BERNINZON, ESPERANZA 4332 E. TRADEWINDS AVE. FT. LAUDERDALE, FL 33308	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input checked="" type="checkbox"/> Delete BERNINZON, HECTOR 4332 E. TRADEWINDS AVE. FT. LAUDERDALE, FL 33308	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 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.

SIGNATURE:  **1/09/04** **954-7725773**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #