


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90020 041 ****61.25

DOCUMENT # 730236

1. Entity Name
AMERICAN INSTITUTE OF MARINE STUDIES, INC.



Principal Place of Business
**4332 E. TRADEWINDS AVE
 LAUDERDALE-BY-THE-SEA, FL 33308**

Mailing Address
**4332 E. TRADEWINDS AVE
 LAUDERDALE-BY-THE-SEA, FL 33308**

00057010



2. Principal Place of Business
2210 Woods & Water Ct.

3. Mailing Address
2210 Woods & Water Ct.

Suite, Apt. #, etc.

07082005 Chg-NP CR2E037 (10/03)

City & State
Sebring FL

City & State
Sebring FL

Zip Country
33872 USA

Zip Country
33872 USA

4. FEI Number
23-7391668

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TOBIN, RICHARD
 2929 E COMMERCIAL BLVD
 702
 FORT LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent

Name
Fred Kraft

Street Address (P.O. Box Number is Not Acceptable)
2210 Woods & Water Court

City
Sebring **FL** Zip Code
33872

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 \$61.25
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

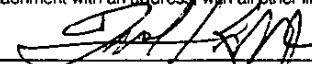
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRAFT, FRED P 4332 E. TRADEWINDS AVE. FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRAFT, BEVERLY 4332 E. TRADEWINDS AVE. FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERNINZON, ESPERANZA 4332 E. TRADEWINDS AVE. FT. LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNINZON, HECTOR 4332 E. TRADEWINDS AVE. FT. LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas Jeson 3000 E. Commercial Blvd. Et. lauderdale, FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:  DATE _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR