
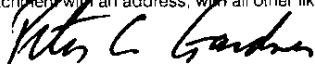


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90042 006 \*\*\*150.00

<b>DOCUMENT # 820725</b> 1. Entity Name <b>INTERMAR, INC.</b>																																															
Principal Place of Business <b>8211 WEST BROWARD BLVD PH2 PLANTATION, FL 33324 US</b>			Mailing Address <b>8211 WEST BROWARD BLVD PH2 PLANTATION, FL 33324 US</b>																																												
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																												
City & State			City & State																																												
Zip		Country		4. FEI Number <b>59-1172780</b>																																											
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																											
6. Name and Address of Current Registered Agent  <b>GARDNER, PETER C. 8211 WEST BROWARD BLVD PH2 PLANATATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																															
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 55%; padding: 2px;"> <b>D</b>  <b>DRISCOLL, W JOHN</b>  <b>8211 WEST BROWARD BLVD PH2</b>  <b>PLANTATION, FL 33324</b> </td> <td style="width: 10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"> <b>D</b>  <b>GARDNER, FRANK C</b>  <b>8211 WEST BROWARD BLVD PH2</b>  <b>PLANTATION, FL 33324</b> </td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"> <b>ST</b>  <b>FITZGERALD, LUCETTE L.</b>  <b>8211 WEST BROWARD BLVD PH2</b>  <b>PLANTATION, FL 33324</b> </td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"> <b>P</b>  <b>GARDNER, PETER C</b>  <b>8211 WEST BROWARD BLVD PH2</b>  <b>PLANTATION, FL 33324</b> </td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="2" style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DRISCOLL, W JOHN</b> <b>8211 WEST BROWARD BLVD PH2</b> <b>PLANTATION, FL 33324</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARDNER, FRANK C</b> <b>8211 WEST BROWARD BLVD PH2</b> <b>PLANTATION, FL 33324</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>FITZGERALD, LUCETTE L.</b> <b>8211 WEST BROWARD BLVD PH2</b> <b>PLANTATION, FL 33324</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GARDNER, PETER C</b> <b>8211 WEST BROWARD BLVD PH2</b> <b>PLANTATION, FL 33324</b>	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DRISCOLL, W JOHN</b> <b>8211 WEST BROWARD BLVD PH2</b> <b>PLANTATION, FL 33324</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARDNER, FRANK C</b> <b>8211 WEST BROWARD BLVD PH2</b> <b>PLANTATION, FL 33324</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>FITZGERALD, LUCETTE L.</b> <b>8211 WEST BROWARD BLVD PH2</b> <b>PLANTATION, FL 33324</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GARDNER, PETER C</b> <b>8211 WEST BROWARD BLVD PH2</b> <b>PLANTATION, FL 33324</b>	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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 607, 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> 			<b>4-18-08 454 727 9335</b> Date Daytime Phone #																																												
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																															