


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90144 031 ***150.00

DOCUMENT # 832381	
1. Entity Name MID - SHIP MARINE INC.	

Principal Place of Business 9500 S. DADECAND BLVD #610 MIAMI, FL 33156	Mailing Address 145 MAIN STREET PORT WASHINGTON, NY 11050
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40099520

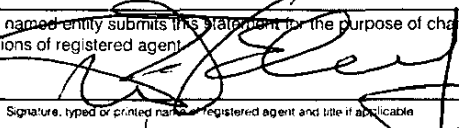


2. Principal Place of Business 2655 Le Jeune Road	3. Mailing Address
Suite, Apt. #, etc. Suite 815	Suite, Apt. #, etc.
City & State Coral Gables, FL	City & State
Zip 33134	Country

07102006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent BUENO, RAYMOND 9500 S. DADELAND BLVD MIAMI, FL 33156	
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7. Name and Address of New Registered Agent Matthew I. DeLuca Jr.	
Street Address (P.O. Box Number is Not Acceptable) 2655 Le Jeune Road, Suite 815	
City Coral Gables	Zip Code 33134

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 7/10/06

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANTINI, BASIL		NAME	
STREET ADDRESS 145 MAIN ST		STREET ADDRESS	
CITY-ST-ZIP PORT WASHINGTON, FL		CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DELUCA, MATTHEW JR.		NAME	
STREET ADDRESS 145 MAIN ST		STREET ADDRESS	
CITY-ST-ZIP PORT WASHINGTON, FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.	
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SIGNATURE: 	DATE 7/10/06	DAYTIME PHONE # 5169443500
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