

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 835336

FILED
Apr 26, 2007
Secretary of State

Entity Name: TRANS-MARINE MANAGEMENT CORPORATION

Current Principal Place of Business:

LEGENDS FIELD
ONE STEINBRENNER DR
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 25077
TAMPA, FL 336235077 US

New Mailing Address:

FEI Number: 59-1620968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STALLINGS, NORMAN J
LEGENDS FIELD
ONE STEINBRENNER DR
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEINBRENNER, GEORGE, M.
Address: ONE STEINBRENNER DR
City-St-Zip: TAMPA, FL 33614

Title: P (X) Delete
Name: SWINDAL, STEPHEN W.
Address: ONE STEINBRENNER DRIVE
City-St-Zip: TAMPA, FL 33614

Title: T () Delete
Name: BRUNO, ANTHONY
Address: 1 STEINBRENNER DRIVE
City-St-Zip: TAMPA, FL 33614

Title: S () Delete
Name: STALLINGS, NORMAN J
Address: ONE STEINBRENNER DRIVE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY BRUNO

CFO

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date