2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# F01000004870

Entity Name: ORCAS MARINE PRODUCTS, INC.

Current Principal Place of Business:

6843 N CITRUS AVE, SUITE M
CRYSTAL RIVER, FL 344286933

New Principal Place of Business:

Current Mailing Address:

6843 N CITRUS AVE, SUITE M
CRYSTAL RIVER, FL 344286933

New Mailing Address:

FEI Number: 93-1083015 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEAD, BARBARA
6843 N CITRUS AVE, SUITE M
CRYSTAL RIVER, FL 344286933 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: VP ( ) Delete
Name: HEAD, CHARLES T
Address: 387 NW MAGNOLIA CIR
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: P ( ) Delete
Name: COTTON, OREN L
Address: PO BOX 729
City-St-Zip: EASTSOUND, WA 98245

Title: S ( ) Delete
Name: HEAD, BARBARA B
Address: 387 NW MAGNOLIA CIR.
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: T ( ) Delete
Name: COTTON, CAROL R
Address: PO BOX 729
City-St-Zip: EASTSOUND, WA 98245

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 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 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: BARBARA HEAD S 04/29/2005
Electronic Signature of Signing Officer or Director — Date