


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000005000	
1. Entity Name ARB MARINE GROUP INC.	

Principal Place of Business 6140 PARKLAND BLVD. MAYFIELD HEIGHTS, OH 44124	Mailing Address 6140 PARKLAND BLVD. MAYFIELD HEIGHTS, OH 44124
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04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1636806	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**1111111549271
05/13/06-20011-022 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOUSMA, GEORGE 3660 N.W. 21ST STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOMSICH, JOHN 6140 PARKLAND BLVD. MAYFIELD HEIGHTS, OH 44124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRINARD, PATRICK 6140 PARKLAND BLVD. MAYFIELD HEIGHTS, OH 44124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TOMSICH, ROBERT J 6140 PARKLAND BLVD. MAYFIELD HEIGHTS, OH 44124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Patrick J. Brinard Sec. **4/28/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #