
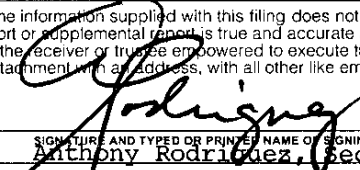


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90427 034 \*\*\*150.00

<b>DOCUMENT # F02000002105</b>					
<b>1. Entity Name</b> <b>ALLIED RICHARD BERTRAM MARINE GROUP, INC.</b>					
<b>Principal Place of Business</b> 6140 PARKLAND BLVD. MAYFIELD HEIGHTS, OH 44124			<b>Mailing Address</b> C/O ANTONIO RODRIQUEZ 401 SOUTHWEST 16TH ST FORT LAUDERDALE, FL 33316		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> <b>01-0671714</b>	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>JOUSMA, GEORGE</b> <input type="checkbox"/> Delete <b>3660 N.W. 21ST STREET</b> <b>MIAMI, FL 33142</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <b>WAXLER, CAROL</b> <input checked="" type="checkbox"/> Delete <b>110 NORTH DIXIE HIGHWAY</b> <b>STUART, FL 34994</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC <b>Anthony Rodriquez</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>401 Southwest 16th St.</b> <b>Fort Lauderdale, FL 33316</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>FOUNTAIN, JOHN</b> <input type="checkbox"/> Delete <b>6140 PARKLAND BLVD</b> <b>MAYFIELD HEIGHTS, FL 44124</b>		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	D,VP <b>Robert J. Tomsich</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6140 Parkland Blvd</b> <b>Mayfield Hts., OH 44124</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP <b>Frank J. Rzicznek</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6140 Parkland Blvd.</b> <b>Mayfield Hts., OH 44124</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,AS <b>Patrick J. Brainard</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6140 Parkland Blvd.</b> <b>Mayfield Hts., OH 44124</b>	
<b>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>					
<b>SIGNATURE:</b> 			Date <b>4/27/07</b> Daytime Phone # <b>954-462-5557</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Anthony Rodriguez, Secretary and Controller</b>					