


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90172 030 \*\*\*150.00

<b>DOCUMENT # F02000002105</b>		
1. Entity Name <b>ALLIED RICHARD BERTRAM MARINE GROUP, INC.</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>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04182008 Chg-P CR2E034 (12/06)

4. FEI Number <b>01-0671714</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent -		7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code	

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 reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JOUSMA, GEORGE</b>			NAME			
STREET ADDRESS	<b>3660 N.W. 21ST STREET</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI, FL 33142</b>			CITY-ST-ZIP			
TITLE	SC	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RODRIGUEZ, ANTHONY</b>			NAME	<b>RODRIGUEZ, ANTHONY</b>		
STREET ADDRESS	<b>401 SOUTHWEST 16TH ST.</b>			STREET ADDRESS	<b>401 SOUTHWEST 16TH ST.</b>		
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33316</b>			CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33301</b>		
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FOUNTAIN, JOHN</b>			NAME	<b>FOUNTAIN, JOHN J.</b>		
STREET ADDRESS	<b>6140 PARKLAND BLVD</b>			STREET ADDRESS	<b>6140 PARKLAND BLVD</b>		
CITY-ST-ZIP	<b>MAYFIELD HEIGHTS, FL 44124</b>			CITY-ST-ZIP	<b>MAYFIELD HEIGHTS, OH 44124</b>		
TITLE	DVP	<input checked="" type="checkbox"/> Delete		TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TOMSICH, ROBER J</b>			NAME	<b>TOMSICH, ROBERT J.</b>		
STREET ADDRESS	<b>6140 PARKLAND BLVD</b>			STREET ADDRESS	<b>6140 PARKLAND BLVD</b>		
CITY-ST-ZIP	<b>MAYFIELD HTS., OH 44124</b>			CITY-ST-ZIP	<b>MAYFIELD HEIGHTS, OH 44124</b>		
TITLE	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RZICZNEK, FRANK J</b>			NAME			
STREET ADDRESS	<b>6140 PARKLAND BLVD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MAYFIELD HTS., OH 44124</b>			CITY-ST-ZIP			
TITLE	DAS	<input checked="" type="checkbox"/> Delete		TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRAINARD, PATRICK J</b>			NAME	<b>BRAINARD, PATRICK J.</b>		
STREET ADDRESS	<b>6140 PARKLAND BLVD</b>			STREET ADDRESS	<b>6140 PARKLAND BLVD</b>		
CITY-ST-ZIP	<b>MAYFIELD HTS., OH 44124</b>			CITY-ST-ZIP	<b>MAYFIELD HEIGHTS, OH 44124</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.

SIGNATURE: <u>Patrick J. Brainard</u>	Date: <u>4/20/08</u>	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		