

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90206 008 ***150.00

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04172006 Chg-P CR2E034 (11/05)

DOCUMENT # F02000004406 1. Entity Name MARINA ACCESSORIES INCORPORATED					
Principal Place of Business 1813 DENNIS STREET JACKSONVILLE, FL 32204			Mailing Address P.O. BOX 8 BELLINGHAM, WA 98225		
2. Principal Place of Business 1001 C Street		3. Mailing Address Suite, Apt. #, etc.			
City & State Bellingham, WA		City & State			
Zip 98225		Country USA		4. FEI Number 91-1973362	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENMAN, PAM 1813 DENNIS STREET JACKSONVILLE, FL 32204			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DEVRIES, TINA 1804 KAAS ROAD FERNDAL, WA 98248		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Devries, Tina 1001 C Street Bellingham, WA 98225	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD GREENMAN, PAMELA 4906 DUCK CREEK LANE PONTE VEDRA BEACH, FL 32082		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUNNINGHAM, GEORGE 1001 C STREET BELLINGHAM, WA 98225		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Murata, Masaru 1001 C Street Bellingham, WA 98225	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
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:			4-17-06 676-2800 ext 212		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		