

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003226

FILED
May 01, 2009
Secretary of State

Entity Name: MARITIME ASSOCIATES INTERNATIONAL, INC.

Current Principal Place of Business:

4327 BARQUERA CRT E.
JACKSONVILLE, FL 32217

New Principal Place of Business:

4327 BARQUERO CRT E.
JACKSONVILLE, FL 32217

Current Mailing Address:

4327 BARQUERA CRT E.
#407
JACKSONVILLE, FL 32217

New Mailing Address:

4327 BARQUERO CRT E.
#407
JACKSONVILLE, FL 32217

FEI Number: 41-2090532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: COPE, MICHAEL
Address: 434 ELM ROAD
City-St-Zip: TORONTO, ONTARIO, M5M 3W7

Title: P () Delete
Name: COPE, EDWARD J
Address: 4327 BARQUERO CRT E
City-St-Zip: JACKSONVILLE, FL 32217

Title: ST () Delete
Name: BRYANT, LISA A
Address: 2304 WOODALE ST
City-St-Zip: JACKSONVILLE, FL 32207

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EDWARD COPE

P

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date