2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001684

Entity Name: GALVA FOAM MARINE INDUSTRIES - MISSOURI, INC

FILED Feb 28, 2005 Secretary of State

Littly Na	IIIe. GALVAT	OAW WARINE INDOSTRIES -	WIGGOORI, INC.		
Current Principal Place of Business:			New Principal Place of Business:		
RT. 67, BOX 19 CAMDENTON, MO 65020 Current Mailing Address:			436 S. STATE HWY. 7 CAMDENTON, MO 65020 New Mailing Address:		
FEI Number: 43-1079583 FEI Number Applied For ()			FEI Number Not App	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
1201 HAYS TALLAHAS	ATION SERVIC S STREET SSEE, FL 3230	012525 US			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing	its registered office or registered agent, or bot	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	P () AHLGREN, ERI 730 W. FIR FERGUS FALLS		Title: Name: Address; City-St-Zip:	P (X) Change () Addition AHLGREN, ERIK A 1025 INTERNATIONAL DRIVE FERGUS FALLS, MN 56538	
Title: Name: Address: City-St-Zip:	V () HOGE, CHARLI 4334 18TH AVE FARGO, ND 58	i. SW, #200	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SCD () MOLBERT, LAU 4334 18TH AVE FARGO, ND 58	E. SW, #200	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MOLBERT, LAURIS N 4334 18TH AVE. SW, #200 FARGO, ND 58103	
Title: Name: Address: City-St-Zip:	T () MOUG, KEVIN 0 4334 18TH AVE FARGO, ND 58	:. SW, #200	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	()	Delete	Title: Name: Address:	S () Change (X) Addition KOECK, GEORGE 4334 18TH AVE. SW. #200	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

FARGO, ND 58103

SIGNATURE: GEORGE KOECK S 02/28/2005

City-St-Zip: