


FILED
Jul 14, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F04000005358 1. Entity Name WALCON MARINE USA, INC.	
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Principal Place of Business 100 LEHANE TERRACE #19 NORTH PALM BEACH, FL 33408	Mailing Address 100 LEHANE TERRACE #19 NORTH PALM BEACH, FL 33408
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07112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2086039	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EAFFALDANO, DAN
100 LEHANE TERRACE #19
NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rechartering)

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C WALTERS, ROBIN G COCKERELL CLOSE, SAGENSWORTH WEST FAREHAM, HINTS PO15 5SR UK,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EAFFALDANO, DANIEL 100 LEHANE TERRACE #19 NORTH PALM BEACH, FL 33408
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 files empowered.

SIGNATURE:  DATE: 7-11-05 DAYTIME PHONE #: 561-844-0436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR