

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004479

FILED
Jan 29, 2009
Secretary of State

Entity Name: TTS MARINE, INC.

Current Principal Place of Business:

6555 NORTH POWERLINE RD.
SUITE 410
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6555 NORTH POWERLINE RD.
SUITE 410
FT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 54-1105733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAGUE, BRIAN P
C/O TEW CARDENAS, LLP
1441 BRICKELL AVENUE, 15TH FLOOR
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: EDBY, HAKAN
Address: 6555 N POWERLINE RD STE 410
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MD () Delete
Name: PAAS, TORSTEN
Address: 6555 N POWERLINE RD STE 410
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TORSTEN PAAS

MD

01/29/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date