2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F05000004479

HAUGE, MARGRETHE

6555 POWERLINE ROAD, SUITE 410

() Delete

FT. LAUDERDALE, FL 33309

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FILED Apr 28, 2009 Secretary of State

Entity Name: TTS MARINE, INC. **Current Principal Place of Business: New Principal Place of Business:** 6555 NORTH POWERLINE RD. SUITE 410 FT LAUDERDALE, FL 33309 **New Mailing Address: Current Mailing Address:** 6555 NORTH POWERLINE RD. SUITE 410 FT LAUDERDALE, FL 33309 FEI Number: 54-1105733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TAGUE, BRIAN P C/O TEW CARDENAS, LLP 1441 BRICKELL AVENUE, 15TH FLOOR MIAMI, FL 33131 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition EDBY, HAKAN Name: Name: EDBY, HAKAN 6555 N POWERLINE RD STE 410 6555 N POWERLINE RD STE 410 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: FORT LAUDERDALE, FL 33309 Title: MD Title: () Delete (X) Change () Addition PAAS, TORSTEN Name: PAAS, TORSTEN Name: 6555 N POWERLINE RD STE 410 6555 N POWERLINE RD STE 410 Address: Address: FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: TORSTEN PAAS CEO 04/28/2009

() Change (X) Addition

6555 POWERLINE ROAD, SUITE 410

FT. LAUDERDALE, FL 33309

MASTROCOLA, RENO