

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11168

FILED
Apr 23, 2008
Secretary of State

Entity Name: TRANSMISSION MARINE, INC.

Current Principal Place of Business:

223 SW 33 CT
C/O O. JOHN RUBIN
FT. LAUDERDALE, FL 333152113 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 21086
FT. LAUDERDALE, FL 333351086 US

New Mailing Address:

FEI Number: 59-2044929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBIN, O. JOHN
223 SW 33 CT
FT. LAUDERDALE, FL 33315 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: PD () Delete
Name: RUBIN, O. JOHN,
Address: 223 SW 33 CT
City-St-Zip: FT. LAUDERDALE, FL 33315 US

Title: ST () Delete
Name: GERCAK, CLAUDIA,
Address: 223 SW 33 CT
City-St-Zip: FT LAUDERDALE, FL 33315 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: RUBIN, O. JOHN,
Address: 223 SW 33 CT
City-St-Zip: FT. LAUDERDALE, FL 33315 US

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: O JOHN RUBIN

PRES

04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date