## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F33207

FILED Feb 17, 2008 Secretary of State

Entity Name: PROFESSIONAL MARINE ASSOCIATES INC.

Current P	rincipal Place	of Business:	New Principal Place	of Business:	
	RERO DRIVE RNE, FL 32940	US			
Current M	ailing Address	s:	New Mailing Address	s:	
	RERO DRIVE RNE, FL 32940	US			
FEI Number:	: 59-2109681	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	CARL B. RERO DRIVE RNE, FL 32940	US			
3504 GÚR MELBOUF The above	RERO DRIVE RNE, FL 32940		ourpose of changing its registere	d office or registered agent, or both,	
3504 GÚR MELBOUF The above	RERO DRIVE RNE, FL 32940 named entity se of Florida. RE:	ubmits this statement for the p			
3504 GUR MELBOUF The above in the State	RERO DRIVE RNE, FL 32940 named entity se of Florida. RE:			d office or registered agent, or both,  Date	
3504 GÚR MELBOUF The above In the State SIGNATUF	RERO DRIVE RNE, FL 32940 named entity set of Florida. RE: Electroni	ubmits this statement for the p			
3504 GUR MELBOUF The above In the State SIGNATUR	RERO DRIVE RNE, FL 32940 named entity set of Florida. RE: Electroni	ubmits this statement for the posterior c Signature of Registered Age  Trust Fund Contribution ( ).	ent	Date	
3504 GUR MELBOUF The above In the State SIGNATUR	RERO DRIVE RNE, FL 32940  named entity selectronia.  RE:  Electroni  mpaign Financing  S AND DIRECT	ubmits this statement for the processing contribution ( ).  **Trust Fund Contribution ( ).  **ORS:** Delete 3, DRIVE	ent		

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: CARL B. STRAW MR. 02/17/2008