2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2008 08:00 AM **DOCUMENT # G43158 Secretary of State** SOUTHERN MARITIME CORPORATION Principal Place of Business Mailing Address **520 BENNING DR** 520 BENNING DR DESTIN, FL 32541 DESTIN, FL 32541 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2310868 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WRIGHT, DANIEL E 520 BENNING DR DESTIN, FL 32541 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS WRIGHT, DANIÉL: 11 NAME: 520 BENNING DRIVE STREET ADDRESS **DESTIN, FL 32541** CITY-ST-ZIP TITLE U00000783146*** WRIGHT, CHERYL A NAME 01/16/08-80003-004 150.00 STREET ADDRESS **520 BENNING DRIVE** CITY-ST-ZIP DESTIN, FL 32541 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR