2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G54655

1. Entity Name
DC MARINE SYSTEMS, INC.



FILED Apr 21, 2008 08:00 A Secretary of State

Principal Place of Business

% DAVID A. KOENIG 160 NW 73RD ST MIAMI, FL 33150 Mailing Address

% DAVID A. KOENIG 160 NW 73RD ST MIAMI, FL 33150



CR2E034 (11/05)

305.758,5041

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 59-2335484 Not Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOENIG, DAVID A. 160 N W 73 ST MIAMI, FL 33150

the obligations of registered agent.

changed, or on an attachment with an address

SIGNATURE:

DO NOT WRITE IN THIS SPACE

No Chg-P

04172008

SIGNATURE PROPE					4-17-08
Signature, typed or printed name of redistated agent and title if applicable (NOTE Registered Agent agreature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000912627 05/07/08-80087-010 150.00
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOENIG, DAVID A. 160 NW 73 ST. MIAMI, FL	,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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					

4-12-08

, with all other like empowered

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

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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