2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 24, 2005 08:00 AM Secretary of State DOCUMENT # H44254 --* MARITIME DESIGN, INC. Mailing Address Principal Place of Business 13000 SAWGRASS VILLAGE CIRCLE 13000 SAWGRASS VILLAGE CIRCLE STE 32 STE 32 PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 US 04292005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2518632 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KONOPASEK, JAMES L DO NOT WRITE 1853 BEACH AVE ATLANTIC BEACH, FL 32233 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME KONOPASEK, JAMES L. 1853 BEACH AVE STREET ADDRESS CITY-ST-ZIP ATLANTIC BEACH, FL 32233 U00000368144 TITLE 05/24/05-80007-006 550.00 NAME STREET ADDRESS CITY-S1-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME. STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

.23-05