2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCU 1. Entity Nam					May 01, 2006 08:00 AM Secretary of State						
MARITIME	E DESIGN						Secretai	cy 01 i	state		
Principal Place of Business			Mailing A	_ Mailing Address			-				
13000 SAW		-	13000 SAWGRASS VILLAGE CIRCLE								
STE 32 PONTE VEDRA BEACH FL 32082 US			STE 32 PONTE US	STE 32 PONTE VEDRA BEACH FL 32082							
2. Principal P	tace of Busin	3. Mailing	3. Mailing Address					, at 4 , 6 2 9 9 9 1	#1411 B1415 #1415	, 4,6,,20, ,, ,40,	
Suite. Apt.	#, etc.	Suite, /	Suite, Apt. #, etc.				t MOORE	CR2E034	1 (10/05)		
City & State			City &	Cny & State			4. FEI Numb	59-251863	2	}- − 1	Applied For Not Applicate
Zip	Country		Zip			ntry	<u> </u>	e of Status Desired		\$8.75 / Fee Requ	
	6. Name	ent Registered	Agent		Name	7. Name and	d Address of New I	Registered	Agent		
KONOPASEK, JAMES I							(P.O. Box Numb	per is Not Acceptabl	e)		
						City			FL	Zip C	ode
8. The above	named entit	y submits this statemen	t for the purpos	e of changing it	ts register	£ ed affice ar registe	red agent, or bo	oth, in the State of Fi		- 1	ith, and acce _k
the obligations of register ear agent											
SIGNATURE Signature, types—Control of true stated agent and time it applicable. (INDITE Registigned Agent signature required when constating) DATE											
Signature, type of physical market of registered agent and unto it applicable. (NOTE Registered Agent signature required when revisitating) OATE FILE NOW III FEE US 6150,000											
After	May 1, 200	Di Fee Will Be \$550 o Florida Departmen	.00 t of State					Election Camp Trust Fund Cor			5.00 May & dded to Fees
10.			NO DIRECTORS	3	11.		ADDITIONS	L CHANGES TO OFF	TICERS AN	D DIRECTO	ORS IN 11
THE	P			☐ Defete	RIL	1			- ** •	Chang	ge 🔲 Addilii
NAME STREET ADDRESS	KONOPAS 1853 BEAG	SEK, JAMES L.			NAM	nt FET ADDRESS		000000	551968		·=
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12. I hereby certify that the information supplied with this liting does not qualify for the exemptions contained in Section 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 507, 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.											

JAMES L. KONO PASEK 4-28-2006 964273.0334x

FILED