2008 FOR PROFIT CORPORATION ANNUAL REPORT.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADORESS

FILED Jan 08, 2008 08:00 AM **DOCUMENT # H85971 Secretary of State** 1. Entity Name BIG BEND MARINE, INC. Principal Place of Business Mailing Address 3482 S. BYRON BUTLER PKWY. 3482 S. BYRON BUTLER PKWY. PERRY, FL 32347 PERRY, FL 32347 No Chg-P CR2E034 (11/05) 01042008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2620226 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORGAN, FRED EDSEL, JR. DO NOT WRITE 3482 S. BYRON BUTLER PKWY. **PERRY, FL 32347** IN THIS SPACE 1. 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. ed apent and title d applicable. (NOTE: Registered Agent significate required when remittating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MORGAN, FRED EDSEL, JR. NAME STREET ADORESS ROUTE 3, BOX 518 CITY-ST-ZIP PERRY, FL U00000775559 TITLE STD MARKE MORGAN, DOROTHY STREET ADDRESS **ROUTE 1, BOX #516** City-ST-ZP PERRY, FL TITLE NAME MORGAN, DAVID G STREET ADDRESS 3809 GOLF COURSE RD DO NOT WRITE CITY-ST-ZIP PERRY, FL 32348 DILE IN THIS SPACE NALE STREET ADDRESS

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Dester	Daytima Phone#	÷
SIGNATURE: DOLATHY MOLGON DOVOYA	u Morgan	1-5-08	852-584-597	~