2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J14677

Entity Name: NOA MARINE, INC.

12519 TWIN BRANCH ACRES

TAMPA, FL 33626

Address:

City-St-Zip:

FILED Apr 29, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: % DANIEL J. AVOURES 13030 GANDY BLVD., N. ST. PETERSBURG, FL 33702 **New Mailing Address: Current Mailing Address:** % DANIEL J. AVOURES 13030 GANDY BLVD., N. ST. PETERSBURG, FL 33702 FEI Number: 59-2686955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AVOURES, DANIEL J. 12519 TWIN BRANCH ACRES RD. TAMPA, FL 33626 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition AVOURES, DANIEL J., Name: Name: 12519 TWIN BRANCH ACRES Address: Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: Title: Title: () Change () Addition () Delete Name: AVOURES, KATHERINE I, Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE I. AVOURES VD 04/29/2006