


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90018 042 ***150.00

DOCUMENT # J25263 1. Entity Name NORTH FLORIDA SHIPPING, INC.	
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Principal Place of Business 2661 BAILEY RD FERNANDINA BEACH, FL 32034 US	Mailing Address PO BOX 1565 FERNANDINA BEACH, FL 32035 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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01112008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2697432	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BISHOP, ROBIN K 2661 BAILEY RD FERNANDINA BEACH, FL 32034
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Robin K Bishop DATE 1/11/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DD WHITE, JOHN 14 PAR LA VILLE PAR LA VILLE PLACE HAMILTON, BE <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DE RUITER, MAARTEN L 19 RECTOR STREET SUTE 2803 NEW YORK, NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEWIS, ROBERT S 14 PAR LA VILLE PAR LA VILLE PLACE HAMILTON, BE <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARGE, ROGER 14 PAR LA VILLE PAR LA VILLEPLACE HAMILTON, BE <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BISHOP, ROBIN K 3622 SHAWNEE SHORE DR JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HAZARD, PATRICIA 1261 BLACKMON RD. YULEE, FL 32097 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: Robin K Bishop DATE 1/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR