2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 8:00 am

DOCLI				Secretary of State
DOCUMENT # J42651 1. Entity Name EAST COAST MARINE BROKERS, INC.			03-31-2008 90003 010 ***150.00	
Principal Place	e of Business	Mailing Address		400-
C/O JOHN PO	ıπs	C/O JOHN POTTS		
P O BOX 166		P 0 BOX 166		
CAPE CANAVI	ERAL, FL 32920	CAPE CANAVERAL, FL 3	2920	
Principal Place of Business - No P.O. Box # 3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
				03122008 Chg-P CR2E034 (12/06)
City & State		City & State		4. FEI Number Applied For 59-2500886 Not Applicable
Zip	Country	Zip	Country	\$9.75 August I
				5. Certificate of Status Desired Fee Required
	6: Name and Address of Current	Registered Agent —	Name	-7:-Name and Address of New Registered Agent
POTTS, JOHN H.			wante	
1265 W. S	COTS AVE.		Street Address	(P.O. Box Number is Not Acceptable)
MERRITT	ISLAND, FL 32952			
			City	FL Zip Code
R The above	named entity submits this statement for	r the nursose of changing its re	enistered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept
	ions of registered agent.	it the purpose of changing its re	egistered office of regist	cred again, or both, in the state of Florida. Favillatinal Will, and accept
SIGNATURE_	-3 <u>1</u>			
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requir	ed when reinstating) DATE
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaig	· — · ·	5.00 May Be
	el jar	Trust Fund Contrit	bution. L Ad	Ided to Fees
10.			11. Ad	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	OFFICERS AND			
TITLE NAME	OFFICERS AND POTTS, JOHN H.	DIRECTORS	11. TITLE NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS	POTTS, JOHN H. 1265 W SCOTS AVE	DIRECTORS	11. TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND P POTTS, JOHN H. 1265 W SCOTS AVE MERRITT ISL, FL	DIRECTORS Delete	11. IITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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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 receive for 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.

POT TS

SIGNATURE: Such totto

Karh SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3-28-08

Date

3217845982

Daytime Phone #