

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90174 041 ***150.00

DOCUMENT # J46447

1. Entity Name
OUT ISLAND MARINE, INC.



Principal Place of Business: **550 SW 12TH AVE. DEERFIELD BCH., FL 33442 US**

Mailing Address: **550 S.W. 12 AVE BUILDING 4 DEERFIELD BEACH, FL 33442 US**



2. Principal Place of Business: Suite, Apt. #, etc. **550 S.W. 12 AVE BUILDING 4 DEERFIELD BEACH, FL 33442 US**

3. Mailing Address: Suite, Apt. #, etc. **550 S.W. 12 AVE BUILDING 4 DEERFIELD BEACH, FL 33442 US**

02272006 Chg-P CR2E034 (11/05)

City & State: **DEERFIELD BEACH, FL**

4. FEI Number: **NOT APPLICABLE**

Applied For: **Not Applicable**

Zip: **33442** Country: **US**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PRICE, DAVID T.
550 S.W. 12 AVENUE
BUILDING 4
DEERFIELD BEACH, FL 33442

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: _____

Signature typed (present name or registered agent name if applicable) (NOTE: Registered Agent signature required when registering) DWT

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSD	NAME ROBERTSHAW, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS GREEN TURTLE CAY	CITY-STATE-ZIP ABACO, BAHAMAS,	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	NAME Robertshaw, John	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS Green Turtle Cay	CITY-STATE-ZIP Abaco, Bahamas	
TITLE S	NAME Price, David T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 550 SW 12th Avenue Bldg 4	CITY-STATE-ZIP Deerfield Beach, FL 33442	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	

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 prepare 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: David T. Price **DAVID T. PRICE** 4-17-06 **954-421-9388**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone