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Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90028 007 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J72830

1. Entity Name
COLEMAN HIGH PERFORMANCE MARINE, INC.

Principal Place of Business	Mailing Address
13700 58TH ST NO STE 201 CLEARWATER, FL 33760 US	13700 58TH ST NO STE 201 CLEARWATER, FL 33760 US

01082008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
516 BELLE ISLE AVE	516 BELLE ISLE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BELLEAIR BEACH FL	City & State: BELLEAIR BEACH, FL
Zip: 33786-3612 Country: PINELLAS	Zip: 33786-3612 Country: PINELLAS

4. FEI Number: 59-2845955 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLEMAN, KELLY R 13700 58TH ST N STE 201 CLEARWATER, FL 33760	Name: Street Address (P.O. Box Number is Not Acceptable): 516 BELLE ISLE AVE City: BELLEAIR BEACH FL Zip Code: 33786-3612

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] KELLY R COLEMAN 1-8-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST COLEMAN, KELLY R. 1370 58TH ST N STE 201 CLEARWATER, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 516 BELLE ISLE AVE BELLEAIR BEACH FL 33786-3612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, KELLY R. 13700 58TH ST N STE 201 CLEARWATER, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 516 BELLE ISLE AVE BELLEAIR BEACH FL 33786-3612
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 all other like empowered.

SIGNATURE: [signature] KELLY R COLEMAN 1-8-08 727-403 8690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #