2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 14, 2006 08:00 AM DOCUMENT # J85503 **Secretary of State** 1. Entity Name MARINE ONE, INC. Principal Place of Business Mailing Address 342 NE 2ND CT 342 NE 2NO CT DANIA FL 33004 DANIA FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For 59-2845607 Not Applicat: Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITMAN, STEVEN A Street Address (P.O. Box Number is Not Acceptable) 342 NE 2ND CT **DANIA FL 33004** City Zio 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 age 2-30-06 (NOTE: Registered Agent signature required when revistaling) - "FILE NOW!!! FEE IS \$150.00 \$5.00 May 2 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ A.Millin TITLE ☐ Delete 1100000467320 NAME WHITMAN, STEVEN A. MAME 03/23/06 00046-014 150.00 STREET ADDRESS STREET ADDRESS 342 NE 2ND CT CITY-ST-78 CITY-ST-78P **DANIA FL 33004** ☐ Change Ar.... Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP TiTLE ☐ Change Artes 71715 ☐ Defete MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-SI-ZIP THE F Defete THEF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete Change KM.E Add" NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-77P ☐ Change Delete ■ Adding TITLE TITLE NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1

2-30-06

924-6212

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED