2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K97528

Entity Name: HARBOUR MARINE SYSTEMS

VIA G. DELEDDA 3

STARANZANO, GO 34079 IT

Address:

City-St-Zip:

FILED Jan 17, 2008 Secretary of State

Entity Name: HARBOUR MARINE SYSTEMS, INC.						
Current Pi	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
800 BRICK SUITE 400 MIAMI, FL				2011 NW 89 PLACE DORAL, FL 33172		
Current M	ailing Addres	s:	New Maili	New Mailing Address:		
800 BRICK SUITE 400 MIAMI, FL			2011 NW 8 DORAL, FL			
FEI Number:	65-0125701	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired	(X) b
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
		E	2011 NW 8	GRIGNON, CHRISTOPHE 2011 NW 89 PLACE DORAL, FL 33172 US		
The above in the State	named entity s of Florida.	submits this statement for the p	urpose of changing i	ts registered o	ffice or registered agent,	or both,
SIGNATUR	RE: CHRISTO	PHE GRIGNON		01/17/2008		
	Electron	ic Signature of Registered Age	ent		Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	COTTE, ALAIN 27/41 BLVD LO		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	HUMANN, CHAF 27/41 BLVD LO		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	GRIGNON, CHR	AVENUE, SUITE 400	Title: Name: Address: City-St-Zip:			
Title: Name:	VP () GAZZARATA, AI	Delete NTONELLO VP	Title: Name:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHE GRIGNON EVP 01/17/2008