2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000024377

1. Entity Name

INTERNATIONAL SAFETY AND MARITIME SERVICES, LLC



FILED Feb 01, 2006 08:00 AN **Secretary of State**

Principal Place of Business

Mailing Address

241 SUMMA ST

WEST PALM BEACH, FL 33405

241 SUMMA ST

WEST PALM BEACH, FL 33405



01302006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

LARCOMBE, VALERIE C/O AKERMAN SENTERFITT 222 LAKEVIEW AVENUE, SUITE 400 WEST PALM BEACH, FL 33401

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	pove named entity submits this statement for the purpose of chail gations of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATU	JRE	<u>-</u> .	
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	11888884133565
/1 .	Filing Fee is \$50.00 Due by May 1, 2006		02/11/06-80012-013 50. 00
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		

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9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-SY-ZIP	MGRM LARCOMBE, STUART 241 SUMMA ST WEST PALM BEACH, FL 33405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

. –	 - /
ALABIATICAT.	
SIGNATURE:	
OIGHAI GILL.	

30 Frid 2006

SIGNATURE AND TYPED OR PRINTED WANTE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #