2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2007 8:00 am Secretary of State

AITHOAL ILLI OILL						Secretary or State					
DOCUMENT # L03821 1. Entity Name ERIKSEN MARINE CONSTRUCTION, INC.								7 90133 04			
Principal Place of Business Mailing Address						4 0024	,				
1 ENTERPRIS		PO BOX 352918									
UNIT 5	SL DK	PALM COAST, FL 32135									
BUNNELL, FL 32110				•							
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address									
Suite. Apt. #, etc.		Suite, Apt. #, etc.			01312007	Chg-P	CR2E0	34 (12/06)			
City & State		City & State Zip Country			•	4. FEI Numbe 59-2962			No	plied For t Applicable	
Zip	Country	Zip				 	of Status Desired	, U	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent						r. Name and	Address of Nev	v Registered A	<u>gent</u>		
EDWOEN	VENNETH			Name							
ERIKSEN, KENNETH 10 ENTERPRISE DR UNIT 5 BUNNELL, FL 32110				Street Address (P.O. Box Number is Not Acceptable)							
551116121, 12 62116				City					7in Code		
				City				FL	Zip Code	7	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	ragistere	ed office or re	egistered	dagent, or both	n, in the State of	Florida. I am I	amiliar with,	and accept	
SIGNATURE	Signature, typod or printed name of registered agent	and title if applicable. (NOTE	Registered	d Agent signature r	required wh	nen reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					\$5.0 Added	0 May Be I to Fees					
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO C	FFICERS AND	DIRECTORS	S IN 11	
THE	PTS	Delete TITL							☐ Change	☐ Addition	
NAME	ERIKSEN, KENNETH	ERIKSEN, KENNETH N		E			•				
STREET ADDRESS	98 HAWKS LANE SIF		STREE	ET ADDRESS							
CITY ST-ZIP	FLAGLER BCH, FL 32126			-ST-ZIP							
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STREET ADDRESS				ET ADORESS							
CITY-ST-ZIP				-ST-ZIP							
	cartify that the information supplied with	this filing does not qualify for			ntained in	n Chapter 119	Florida Statuto	s. I further con	ify that the in	nformation	
indicated	certify that the information supplied with the transfer of the report of supplemental report.	ie true and acquirate and that n	ny sional	tura shaft have	the ca	ma lacat office	,	lor oath: that I	am an officer	or director	

12. I hereby certify that the information supplied with this hilling does not quality 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 AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/07

386/445-7466