2005 FOR PROFIT CORPORATION AÑNUAL REPORT (AR)

changed, or on an attachment with an address, with all other

SIGNATURE:

Mar 07, 2005 8:00 am **Secretary of State** DOCUMENT # L36516 1. Entity Name 03-07-2005 90257 008 ***150.00 CALYPSO MARINE ELECTRONICS, INC. Principal Place of Business Mailing Address 3200 S ANDREWS AVE 3200 S ANDREWS AVE **BAY 205 BAY 205** FT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address 3311 South Andrews Ave. 3311 South Andrews Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Suite # 12 Suite # 12 City & State 4. FEI Number Applied For City & State Fort Lauderdale FL NO-T APPLICABLE Fort Lauderdale FL Not Applicable _ Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 33316 33316 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCARTHY, GARRY W. Street Address (P.O. Box Number is Not Acceptable) 3200 S. ANDREWS AVE. BAY 205 FT LAUDERDALE FL 33316 3311 S Andrews Ave, Ste 12 Fort Lauderdale FL 33316 Zip 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 agent, VALdeLeid e SIGNATURE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 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. TITLE D ☐ Delete TITLE X Change ☐ Addition MCCARTHY, GARRY W. NAME NAME 3311 S Andrews Ave Ste 12 STREET ADDRESS 3200 S-ANDREWS AVE B205 STREET ADDRESS Fort Lauderdale FL CITY-ST-ZIP FORT LAUDERDALE FL CITY-ST-ZIP ST X Change ☐ Delete Addition MCCARTHY, VALDELEIDE G NAME 3311 S Andrews Ave Ste 12 STREET ADDRESS 3200 S ANDREWS AVE B205 STREET ADDRESS Fort Lauderdale FL FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADORESS CHY-SI-7IP CITY-ST-ZIP TITLE ☐ Detete TITLE Сhange Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

the empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

unideleide G. McC

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Date

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