2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L71933

FILED Aug 29, 2008 Secretary of State

| Entity Name: NAUTICOMP INTERNATIONAL INC. | |
|---|---|
| Current Principal Place of Business: | New Principal Place of Business: |
| 3886 SW 30TH AVENUE FT LAUDERDALE, FL 33312 US | |
| Current Mailing Address: | New Mailing Address: |
| 8 CALLAGHAN ROAD LINDSAY ONTARIO K9V453 CANADA, XX XXXXX XX | |
| FEI Number: 59-3207876 FEI Number Applied For () | FEI Number Not Applicable () Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | Name and Address of New Registered Agent: |
| BROWN, RICHARD H 300 BAY PLAZA TREASURE ISLAND, FL 33706 US | |
| The above named entity submits this statement for the pin the State of Florida. | ourpose of changing its registered office or registered agent, or both, |
| SIGNATURE: | |
| Electronic Signature of Registered Age | ent Date |

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: Title: () Delete (X) Change () Addition MOORE, RICHARD E MOORE, RICHARD E Name: Name: Address: 70 LESLIE FROST LANE Address: 70 LESLIE FROST LANE City-St-Zip: LINDSAY, ONTARIO, CA K9V4S3 US City-St-Zip: LINDSAY, ONTARIO, CA K9V4S3 US Title: () Delete Title: () Change (X) Addition

MOORE, RYAN E Name: Name: Address: Address: **52 LOGIE STREET**

LINDSAY, ONTARIO, CA K9V 1C1 US City-St-Zip: City-St-Zip:

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.

SIGNATURE: RYAN E MOORE **PRES** 08/29/2008