2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L73716

FILED Mar 23, 2006 Secretary of State

Entity Name: MARINE UNDERWRITERS, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE 100	ORMERE WAY TL 32765	Y			
Current Mailing Address:			New Mailing Address:		
P.O BOX 6 OVIEDO, F	322497 FL 32762				
El Number:	: 59-3009727	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
lame and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
ONES, R 01 W. BA	ICHARD K.				
ACKSON he above	VILLE, FL 32 named entity		purpose of changing its registere	ed office or registered agent, or both,	
ACKSON he above	VILLE, FL 32 named entity e of Florida.		purpose of changing its registere	ed office or registered agent, or both,	
ACKSON he above i the State	VILLE, FL 32 named entity of Florida. RE:			ed office or registered agent, or both, Date	
ACKSON he above the State	VILLE, FL 32 named entity of Florida. RE: Electro	submits this statement for the			
ACKSON The above the State BIGNATUR Rection Car	VILLE, FL 32 named entity of Florida. RE: Electro	submits this statement for the nic Signature of Registered Ag	ent		
ACKSON he above the State GNATUF	named entity of Florida. RE: Electro mpaign Financin S AND DIRECT	submits this statement for the nic Signature of Registered Ageng Trust Fund Contribution (). CTORS:) Delete JALD, TR	ent	Date	
he above the State IGNATUF ection Car FFICERS ttle: ame: ddress:	named entity of Florida. RE: Electro mpaign Financin S AND DIRECTO (RABY, C. RON 486 FOREST OVIEDO, FL 3	submits this statement for the nic Signature of Registered Ageng Trust Fund Contribution (). CTORS:) Delete UALD, TR 32765) Delete G TRAIL	ent ADDITIONS/CHANG Title: Name: Address:	Date EES TO OFFICERS AND DIRECTOR	

I hereby certify that the information supplied with this filing does not qualify for the 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: C. RONALD RABY CPD 03/23/2006