


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 06, 2007 08:00 AM
Secretary of State

DOCUMENT # M01288	
1. Entity Name MARICULTURE TECHNOLOGIES INTERNATIONAL, INC.	

Principal Place of Business 860 S. US HWY 1 OAK HILL, FL 32759	Mailing Address P.O. BOX 1020 OAK HILL, FL 32759
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DO NOT WRITE IN THIS SPACE



05292007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2404832	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCMaster, MICHAEL F
2630 ROYAL PALM DR.
EDGEWATER, FL 32141**

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE P	NAME MCMaster, MICHAEL F
STREET ADDRESS 2630 ROYAL PALM DR	
CITY- ST- ZIP EDGEWATER, FL 32141	
TITLE ST	NAME MCMaster, CATHRINE M
STREET ADDRESS 2630 ROYAL PALM PALM DR	
CITY- ST- ZIP EDGEWATER, FL 32141	
TITLE	NAME
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	NAME
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	NAME
STREET ADDRESS	
CITY- ST- ZIP	

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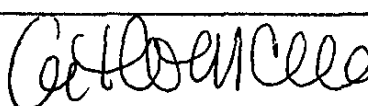
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate 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  **CATHERINE MCMaster SEC 092907 3863453333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

 **CATHERINE MCMaster SEC 070307 3863453333**