
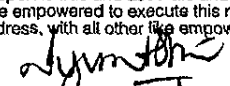


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2005 08:00 AM
Secretary of State

| | | |
|---|--|---|
| DOCUMENT # M24869 1. Entity Name N.S. MARINE & INDUSTRIAL SERVICES CORP. | |  |
| Principal Place of Business 5303 OLD WINTER GARDEN RD ORLANDO, FL 32811 US | Mailing Address 5303 OLD WINTER GARDEN RD ORLANDO, FL 32811 US | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent SHIN, NYUNT 4817 KEENELAND CIRCLE ORLANDO, FL 32819 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 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. | | |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SHIN, NYUNT 4817 KEENELAND CIRCLE ORLANDO, FL 32819 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SHIN, ANN, NYUNT 4817 KEENELAND CIRCLE ORLANDO, FL 32819 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CHAN, PAULINE 7501 LAKE MARSHA DRIVE ORLANDO, FL 32819 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME 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 changed, or on an attachment with an address, with all other like empowered. | | |
| SIGNATURE:  | | 8/4/05 407-299-1237 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # |



08042005 No Chg-P CR2E034 (10/03)

| | |
|---|-------------------------------|
| 4. FEI Number 59-2607994 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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08/22/05-80002-002 158.75

**DO NOT WRITE
IN THIS SPACE**