

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M64164

FILED
Apr 28, 2004
Secretary of State

Entity Name: SHELL POINT MARINE CORPORATION

Current Principal Place of Business:

52 GARNEY RD.
WAKEFIELD, NH 03087 US

New Principal Place of Business:

82 GARNEY RD.
WAKEFIELD, NH 03087 US

Current Mailing Address:

C/O MARY MECKILLEP
P.O. BOX 657
SANBORNVILLE, NH 03872

New Mailing Address:

C/O MARY MACKILLOP
P.O. BOX 657
SANBORNVILLE, NH 03872

FEI Number: 59-2872114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARIS, DEBORAH M.
100 S. ASHLEY DR.
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GEORGE, ALAN,
Address: 5 SOUTH KILBY STREET
City-St-Zip: GLOUCESTER, MA

Title: ST () Delete
Name: MACKILLOP, MARY,
Address: PO BOX 657 (87 GARNEY RD
City-St-Zip: BROOKFIELD, NH 03872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARY MACKILLOP

VP

04/28/2004

Electronic Signature of Signing Officer or Director

Date