

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006076

FILED
Jan 20, 2007
Secretary of State

Entity Name: MARINE RESOURCE ENHANCEMENT, INC.

Current Principal Place of Business:

25 DELTONA BLVD., SUITE 1
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

65 DOLPHIN DRIVE
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 20-1158295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILES, DAVID E
25 DELTONA BLVD., SUITE 1
ST AUGUSTINE, FL 32086 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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MILES, DAVID E
Address: 25 DELTONA BLVD., SUITE 1
City-St-Zip: ST AUGUSTINE, FL 32086

Title: ST () Delete
Name: SIMPSON, MARK E
Address: 25 DELTONA BLVD., SUITE 1
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D () Delete
Name: ALBRIGHT, BARRY III DR
Address: 25 DELTONA BLVD., SUITE 1
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D () Delete
Name: LAMBERT, EDWARD
Address: 25 DELTONA BLVD., SUITE 1
City-St-Zip: ST AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E. MILES

C

01/20/2007

Electronic Signature of Signing Officer or Director

Date