2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12763

FILED Feb 27, 2008 Secretary of State

Entity Name: MARINE INDUSTRIES ASSOCIATION OF PALM BEACH COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

349 GRANADA ROAD

WEST PALM BEACH, FL 33401 US

Current Mailing Address: New Mailing Address:

P.O. BOX 7597

WEST PALM BEACH, FL 33405 US

FEI Number: 59-2834931 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PRUITT, ALISON EXECUTIVE DIRECTOR 349 GRANADA ROAD WEST PALM BEACH, FL 33401 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP () Delete
Name: DANIELLO,, LOU

Address: 10456 RIVERSIDE DR

City-St-Zip: PALM BEACH GARDENS, FL 33410

 Title:
 S
 () Delete

 Name:
 CARTER, GEORGE

 Address:
 251 W 11TH STREET

 City-St-Zip:
 RIVIERA BEACH, FL 33407

Title: BD () Delete
Name: ERICKSON, MICHAEL
Address: 1500 AUSTALIAN AVENUE

City-St-Zip: RIVIERA BEACH, FL 33404
Title: P () Delete

 Name:
 ISIMINGER, CHARLES

 Address:
 649 US HWY 1, STE #9

 City-St-Zip:
 N PALM BEACH, FL 33408

Title: VP (X) Delete Name: TOLDERLUND, AMY

Address: 1509 AVENUE C City-St-Zip: RIVERA BEACH, FL 33404 Title: VP (X) Change () Addition Name: CARTER, GEORGE

Address: 251 W 11TH STREET

City-St-Zip: RIVIERA BEACH, FL 33407 US

Title: BD (X) Change () Addition
Name: ERICKSON, MICHAEL
Address: 1500 AUSTRALIAN AVENUE
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: P (X) Change () Addition

Name: ISIMINGER, CHARLES Address: 649 US HWY 1, STE #9

City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: VP (X) Change () Addition

Name: TOLDERLUND, AMY Address: 1509 AVENUE C

City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES ISIMINGER P 02/27/2008