


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90173 026 \*\*\*\*61.25

<b>DOCUMENT # N42378</b>		
1. Entity Name <b>SOCIETY OF ACCREDITED MARINE SURVEYORS, INCORPORATED</b>		

Principal Place of Business <b>4605 CARDINAL BLVD JACKSONVILLE, FL 32210-1905 US</b>	Mailing Address <b>4605 CARDINAL BLVD JACKSONVILLE, FL 32210-1905 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01262006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3084806</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>NIGHTINGALE, DOWNING 3360 LAKESHORE BLVD JACKSONVILLE, FL 32210</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAHLER, MARY 4605 CARDINAL BLVD JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOD, JAMES E PO BOX 968 MORRO BAY, CA 93443 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP WOOD, JAMES E P.O. Box 968 MORRO BAY, CA 93443 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP NIGHTINGALE, DOWNING 3360 LAKESHORE BLVD. JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEBLANC, NORMAN 128 R WATER STREET DANVERS, MA 01923 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEBLANC, NORMAN 128 R WATER STREET DANVERS, MA 01923 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP WEINBRECHT, KENNETH P.O. BOX 658 YAPHANK, NY 119800668 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GALLUP, GEORGE 13 SHERMAN TERRACE LYNN, MA 01902-4621 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SEPEL, GEORGE J P.O. BOX 34685 JUNEAU, AK 99803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD SEPEL, GEORGE J P.O. Box 34685 JUNEAU, AK 99803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: 	2/28/06	904-384-1494
NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

*NORMAN L. LEBLANC, President*