


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000002419
 1. Entity Name
MARINE CAREER INSTITUTE, INC.



Principal Place of Business
**4414 WHITTON WAY
 NEW PORT RICHEY, FL 34653**

Mailing Address
**P.O. BOX 128
 ELPERS, FL 34680**



02042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3316743	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MYERS, FRANK K
 4414 WHITTON WAY
 NEW PORT RICHEY, FL 34653**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MYERS, FRANK K 4414 WHITTON WAY NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, STEVEN K 4414 WHITTON WAY NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNHOUSE, SHARON L 4414 WHITTON WAY NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Frank K Myers*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *7-27-03*
 Certificate Number: *127-403-1501*