2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2004 8:00 am Secretary of State

1. Enlity Name DELTAMARIN ENGINEERING, INC.				04-05-2004 90051 050 ***150.00			
Principal Place of Business	Mailing Address						
7850 NW 146 STREET 7850 NW 146 STREET							
422 MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016					11 i i i i i i i i i i i i i i i i i i i		
2. Principal Place of Business 5112 ARBOR GLEN CIR. 3. Mailing Address 5112 ARBOR		GLEN CIR.	N CIR.				
Suite, Apt. #, etc. Suite, Apt. #, etc.			02192004 Chg-P CR2E034 (10/03)		03)		
City & State LAKE WORTH, FL	City & State LAKE WORTH, FL		4. FEI Numb 65-099	Number -0999395		Applied For Not Applicable	
Zip Country 33463 USA	Zip 33463	Country	5. Certificate			Additional	
6. Name and Address of Current		USA	7. Name and	Address of New R	Fee Req legistered Agent	uired	
***		Name AT			 		
TILLEY, MICHAEL R 2000 GLADES RD., SUITE 208 BOCA RATON, FL 33431			THE ATLANTIC FULCRUM, INC. Bet Address (P.O. Box Number is Not Acceptable) 5/12 ARBOR CLEN CIR.				
		City LA	KE WOR	174	FL Zip	Code 3 <i>463</i>	
The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its re	egistered office or reg	gistered agent, or bo	th, in the State of Flo			
SIGNATURE QUUI PLAS	W.VP			3/23/	104		
Signature, typed or printed name of registalized agent	and title if applicable. (NOTE:	Registered Agent signature re	quired when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 —After May 1; 2004 Fee will be \$550.	9. Election Campaig	n Financing oution	\$5.00 May Be Added to Fees				
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECT	ORS IN 11	
TITLE P	Delete	TITLE P	ALTONEN,	TARMO	⊠ Char	nge 🗵 Addition	
NAME MARTTINEN, VESA STREET ADDRESS 5851 HOLMBERG RD. #144	S 5851 HOLMBERG RD. #144 STREET ADDRESS JAR						
CITY-ST-ZIP PARKLAND, FL 33067				115 GNATE	20		
TITLE VP	☐ Delete	TITLE			☐ Char	nge 🔲 Addition	
NAME VEIKKO LAITERA, JUKKA STREET ADDRESS ETELASALMENTIE 7		NAME STREET ADDRESS		-		•	
CITY-ST-ZIP KUUSISTO, FINLAND, 21260		CITY-ST-ZIP		• •			
me VP	☐ Delete	TITLE '			☐ Char	nge 🔲 Addition	
NAME: 1 KANERVA, MARKKU STREET ADDRESS ANKKURTIE 7		NAME STREET ADDRESS					
CITY-SI-ZIP NAANTALI, FINLAND, 21100		CITY-ST-ZIP					
TITLE T	☐ Delete	TOTALE			☐ Char	nge 🔲 Addition	
NAME HAGSTROM, ULLA		NAME CONSET ADDRESS				;	
STREET ADDRESS HAAPANANTIE 1 CITY-SF-ZIP PIILPSNRISTI FINLAND, 2076	0	STREET ADORESS CITY-ST-ZIP					
TITLE T	₩ Detete	TITLE			☐ Char	nge 🔲 Addition	
NAME OSKAR BJORKMAN, ALF		NAME OWNER ADDRESS				!	
STREET ADDRESS RUDNANKATL 8 CITY-ST-ZIP NAANTALI, FINLAND, 21100		STREET ADDRESS CITY-ST-ZIP			•		
TITLE	☐ Delete	TITLE		······································	☐ Char	nge 🔲 Addition	
NAME		NAME					
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS City-St-Zip					
I hereby certify that the information supplied wit indicated on this report or supplemental report.	h this filing does not qualify for t	.a	in Section 119.07(3)	(i), Florida Statutes.	I further certify that t	he information	
indicated on this report or supplemental report of the corporation or the receiver or trustee emp changed, or on an attachment with an address	s true and accurate and that me wered to execute this report a	y signature shall have is required by Chapte	the same legal effé r 607, Florida Statut	ct as if made under es; and that my nam	oath; that I am an off e appears in Block	ficer or director 10 or Block 11 if	
changed, or on an attachment with an address,	with all other like empowered.		- · · ·	_ 1			
SIGNATURE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER O	R DIRECTOR	3/23	Date	Daytime Pho	ne #	