

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000019077

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: DELTAMARIN ENGINEERING, INC.

## Current Principal Place of Business:

5112 ARBOR GLEN CIR  
LAKE WORTH, FL 33463

## New Principal Place of Business:

## Current Mailing Address:

5112 ARBOR GLEN CIR  
LAKE WORTH, FL 33463

## New Mailing Address:

FEI Number: 65-0999395

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ATLANTIC FULCRUM INC.  
5112 ARBOR GLEN CIR  
LAKE WORTH, FL 33463 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VALTONEN, JARMO  
Address: JARMONPIHA 3  
City-St-Zip: RAISIO, FD 21120

Title: VP ( ) Delete  
Name: VEIKKO LAITERA, JUKKA  
Address: ETELASALMENTIE 7  
City-St-Zip: KUUSISTO, FINLAND, 21260

Title: VP ( ) Delete  
Name: KANERVA, MARKKU  
Address: ANKKURTIE 7  
City-St-Zip: NAANTALI, FINLAND, 21100

Title: T (X) Delete  
Name: HAGSTROM, ULLA  
Address: HAAPANANTIE 1  
City-St-Zip: PIILPSNRISTI FINLAND, 20760

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: VALTONEN, JARMO  
Address: PUOLUKKATIE 8  
City-St-Zip: NAANTALI, FI 21110

Title: VP (X) Change ( ) Addition  
Name: KANERVA, MARKKU  
Address: ANKKURTIE 7  
City-St-Zip: NAANTALI, FINLAND, FI 21100 FI

Title: CFO (X) Change ( ) Addition  
Name: HAGSTROM, ULLA  
Address: HAAPANANTIE 1  
City-St-Zip: PIILPSNRISTI, FINLAND, FI 20760 FI

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

SIGNATURE: ULLA HAGSTROM

CFO

04/29/2009

Electronic Signature of Signing Officer or Director

Date