2008 FOR PROFIT CORPORATION

Apr 10, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P00000026156** 04-10-2008 90015 044 ***150.00 1. Entity Name MARINE RENTALS, INC. Principal Place of Business Mailing Address 2 VIRGINIA GARDEN 710 SE 8TH COURT DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282008 CR2E034 (12/06) Cho-P City & State City & State 4. FEI Number Applied For 65-0993498 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOPLAMAZION, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 710 SE 8TH COURT DELRAY BEACH, FL 33483 City 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Change ☐ Addition Hopla Mazian, Mchael H NAME HOPLAMAZIAN, MICHAEL H NAME 710 SE 8th Count STREET ADDRESS 2 VIRGINIA GARDEN STREET ADDRESS Delnay Beach, FL 33 483 CITY-ST-ZIF DELRAY BEACH, FL 33483 CITY-ST-ZIF TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Channe Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 trusted empowered to execute this report as required by Chapter 607, 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 tike/empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR