


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Aug 03, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P00000026684</b> 1. Entity Name KIP MARINE SERVICE, INC.	
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Principal Place of Business 2442 S.W. 42 TERRACE FT. LAUDERDALE, FL 33317	Mailing Address 2442 S.W. 42 TERRACE FT. LAUDERDALE, FL 33317
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**DO NOT WRITE IN THIS SPACE**



07052007 No Chg-P CR2E034 (11/05)

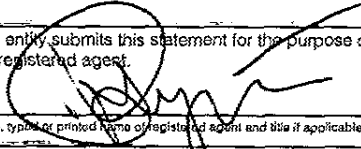
4. FEI Number 65-0994496	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOUTORGUINE, IGOR  
2442 S.W. 42 TERRACE  
FT. LAUDERDALE, FL 33317

**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: \_\_\_\_\_

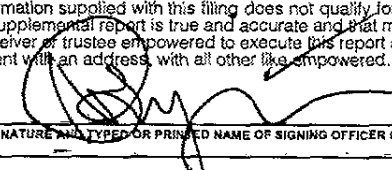
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000771399 08/03/07-80005-013 550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOUTORGUINE, IGOR 2442 S.W. 42 TERRACE FT. LAUDERDALE, FL 33317
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 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 like empowered.

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

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_