2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Apr 29, 2004 08:00 AM Secretary of State DOCUMENT # P00000057902 1. Entity Name MARINE EDUCATION SERVICES, INC. Principal Place of Business Mailing Address 550 SE 2ND AVE., UNIT G-22 550 SE 2ND AVE., UNIT G-22 DEERFIELD BCH, FL 33441 DEERFIELD BCH, FL 33441 CR2E034 (10/03) No Chg-P 04272004 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1039206 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORONEY, DEBORAH A DO NOT WRITE 550 SE 2ND AVE., UNIT G-22 DEERFIELD BCH, FL 33441 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. Signature, typed or printed name of registered agent and life if applicable (NCTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be 000000141551 04/30/04~80016-011 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE MORONEY, DEBORAH A NAME STREET ADDRESS 550 SE 2ND AVE., UNIT G-22 DEERFIELD BEACH, FL 33441 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRECS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachinght with an addressy with all others that my name appears in Block 10 or Block 11 if changed.

SIGNATURE:

CHY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CHY-ST-ZIP

CNATURE AND TYPED OF PRINTED HAVE OF SCHIMO OFFICER OF DISPETA

104 7594180 Daytime Phone #

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