

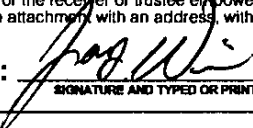


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000091198						
1. Entity Name BACKWATER MARINE RENTALS, INC.						
Principal Place of Business 248 N CAUSEWAY NEW SMYRNA BEACH, FL 32169	Mailing Address 248 N CAUSEWAY NEW SMYRNA BEACH, FL 32169	 04162007 No Chg-P CR2E034 (11/05) <table border="1" style="width:100%"><tr><td>4. FEI Number 59-3673004</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-3673004	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 59-3673004	Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent WILSON, JAY 244 N. COURSE WAY NEW SMYRNA BEACH, FL 32169		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHAAF, FRANK C 248 N CAUSWAY NEW SMYRNA BEACH, FL 32169					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHAAF, LUZ 248 N CAUSEWAY NEW SMYRNA BEACH, FL 32169					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, JAY 248 N CAUSEWAY NEW SMYRNA BEACH, FL 32169					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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:  JAY WILSON		4-19-07 386-427-4514 <small>Date Daytime Phone #</small>				