2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# P00000091875

Entity Name: LEVINE MARINE, INC.

Current Principal Place of Business:

888 SOUTH PARSONS AVENUE
BRANDON, FL 335116007

New Principal Place of Business:

505 OAKFIELD DRIVE
BRANDON, FL 335116007

Current Mailing Address:

888 SOUTH PARSONS AVENUE
BRANDON, FL 335116007

New Mailing Address:

505 OAKFIELD DRIVE
BRANDON, FL 335116007

FEI Number: 59-3672939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, SUSAN W
888 SOUTH PARSONS AVENUE
BRANDON, FL 335116007 US

Name and Address of New Registered Agent:

LEVINE, SUSAN W
505 OAKFIELD DRIVE
BRANDON, FL 335116007 US

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: SUSAN W, LEVINE 04/11/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LEVINE, SUSAN W
Address: 888 SOUTH PARSONS AVENUE
City-St-Zip: BRANDON, FL 335116007

Title: SD ( ) Delete
Name: LEVINE, PAUL R
Address: 888 SOUTH PARSONS AVENUE
City-St-Zip: BRANDON, FL 335116007

Title: VD ( ) Delete
Name: LEVINE, JONAH M
Address: 888 SOUTH PARSONS AVENUE
City-St-Zip: BRANDON, FL 335116007

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LEVINE, SUSAN W
Address: 505 OAKFIELD DRIVE
City-St-Zip: BRANDON, FL 335116007

Title: SD (X) Change ( ) Addition
Name: LEVINE, PAUL R
Address: 505 OAKFIEL DRIVE
City-St-Zip: BRANDON, FL 335116007

Title: VD (X) Change ( ) Addition
Name: LEVINE, JONAH M
Address: 505 OAKFIELD DRIVE
City-St-Zip: BRANDON, FL 335116007

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN W. LEVINE PD 04/11/2005
Electronic Signature of Signing Officer or Director Date