2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 16, 2001 08:00 AM DOCUMENT # P0000096042 1. Entity Name **Secretary of State** CUSTOM MARINE TECHNOLOGY, INC. Principal Place of Business Mailing Address 1326 SE 17TH STREET, #293 1326 SE 17TH STREET, #293 FORT LAUDERDALE FL FORT LAUDERDALE FL33316 33316 2. Principal Place of Business 3. Mailing Address 1640 SW 28TH WAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FORT LAUDERDALE 65-1051619 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33312 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LARRY 4548 NORTH FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL33308 US 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. 04/16/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Delete TITLE ☐ Addition MAME KAY SAMANTHA JANE NAME 1326 SE 17TH STREET, #293 STREET ADDRESS STREET ADDRESS FL 33316 CITY-ST-ZIP FORT LAUDERDALE CITY-ST-ZIP D ☐ Delete TITLE ☐ Change NAME ANNETTS WILLIAM EROL NAME STREET ADDRESS 1326 SE 17TH STREET, #293 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Сhапде TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

04/16/2001

Date

Daytime Phone #

William Erol Annetts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

CR2E034 (11/00)