2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 20, 2007 08:00 AM Secretary of State DOCUMENT # P00000103950 1. Entity Namo ALL MARINE CONSTRUCTION, INC. Principal Place of Business Mailing Address P.O. BOX 280 FLAGLER BEACH FL 32136 P.O. BOX 280 FLAGLER BEACH FL 32136 2. Principal Place of Business - No P O. Box # 3. Mailing Addross Suite, Apt. #, etc. Suito, Apt. #, otc. 1st MOORE CR2E034 (10/06) 4. FEI Number City & State City & State Applied For 59-3700354 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SKLAR, HOWARD Street Address (P.O. Box Number is Not Acceptable) 3231 N. OCEAN SHORE BLVD. FLAGLER BEACH FL 32136 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PVST** Change DHE Defete mr Addition SKLAR, HOWARD NAME NAMI. U00000720154 3231 N OCEANSHORE BLVD STREET ADDRESS STREET ADDRESS 05/01/07-80093-012 150.00 FLAGLER BEACH FL 32136 CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change Addition SKLAR, HOWARD NAME NAME P.O. BOX 280 STREET ADDRESS STREET ADDRESS FLAGLER BEACH FL 32136 CHY-\$1-7IP CITY-SI-ZIP TITLE Delete DILLE Change ■ Addition NAME NAME STRLET ADDRESS STRUET ADDRESS CITY-ST ZIP CITY-ST-ZIP ITTLE THIE Delete Change ☐ AddIlion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete DILE DHE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP THE ☐ Delete ШŒ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE: 1

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions.e

indicated on this report or supplemental report is true and accurate and that my signation of the corporation or the receiver or trustee empowered to execute this report if changed, or on an attachment with an address, with all others.

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