


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000001930 1. Entity Name MARINEBIDEXCHANGE.COM, INC.	
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Principal Place of Business 954 NAUTILUS ISLE DANIA FL 33004	Mailing Address 1777 SE 15 STREET SUITE 416 FORT LAUDERDALE FL 33316
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	1st MOORE CR2EQ34 (10/05)
City & State	City & State	4. FEI Number 65-1075572
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MURRAY, C. ROBERT JR. 4800 LEJEUNE ROAD MIAMI FL 33146

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May C Trust Fund Contribution. <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	
NAME	STEPHENS, CHARLES M	
STREET ADDRESS	954 NAUTILUS ISLE	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	VP	
NAME	KOSTMAN, ROGER	
STREET ADDRESS	954 NAUTILUS ISLE	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	ST	
NAME	BRIZENDINE, ASHLEY	
STREET ADDRESS	954 NAUTILUS ISLE	
CITY-ST-ZIP	DANIA FL 33004	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Add
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 Section 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: Ashley Brizendine, Treasurer 3-13-06 921-7449