2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 09, 2007 08:00 A Secretary of State **DOCUMENT # P01000014426** 1. Entity Name TRIDENT MARINE MATERIALS, INC. Mailing Address Principal Place of Business **6013 FERRERA STREET 6013 FERRERA STREET** JUPITER, FL 33458 JUPITER, FL 33458 01102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1096304 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE COLTON, RONALD T 6013 FERRERA ST. JUPITER, FL 33458 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PVST** TITLE COLTON, RONALD T NAME STREET ADDRESS 6013 FERRERA ST CITY-ST-ZIP JUPITER, FL 33458 U00000695396 04/17/07-80058-017 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-636-3480 Devime Phone #