2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

Apr 08, 2005 8:00 am Secretary of State **DOCUMENT # P01000025430** 04-08-2005 90073 025 ***150.00 1. Entity Name WORLDWIDE MARINE SERVICES, INC. Principal Place of Business Mailing Address JUNITALD 22 SOUTH LINKS AVE STE 300 22 SOUTH LINKS AVE STE 300 SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business 3. Mailing Address P. O. Box 3948 Suite, Apt. #, etc. 1990 Main Street Suite, Apt. #, etc. 03232005 CR2E034 (10/03) Suite 700 City & State City & State 4. FEI Number Applied For Sarasota, FL 65-1084890 Sarasota, FI Not Applicable Zip 34230 Country Country U.S. \$8.75 Additional 5. Certificate of Status Desired Ü.S. 34236 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAVARY, JOHNSON S. Jr. Street Address (P.O. Box Number is Not Acceptable) 22 SOUTH LINKS AVE STE 300 SARASOTA, FL-34236 1990 Main Street, Suite 700 8. The above named entity submits this statement for the purpose of changing 115 registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 3-25-a.5 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, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TITLE Change ☐ Addition HAINES MARK J NAME NAME **BUTE HOUSE TITAN ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CARDIFF UK CF245EL, CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAINES, FREDERICK J NAME NAME STREET ADDRESS **BUTE HOUSE TITAN ROAD** STREET ADDRESS CITY-ST-ZIP CARDIFF UK CF245EL, CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 10 or Block 11 if

Director

FILED