2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000030849 **FILED** Aug 11, 2008 08:00 AM Secretary of State SCOTT PALMER MARINE SERVICES, INC. Principal Place of Business Mailing Address 3420 SW 19 ST 3420 SW 19 ST FT LAUDERDALE, FL 33312 FT LAUDERDALE, FL 33312 08072008 No Chq-P CR2E034 (11/05) Applied For 4. FEI Number 65-1097555 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PALMER, M. SCOTT 3420 SW 19 ST FT LAUDERDALE, FL 33312 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Due by September 12, 2008 10, OFFICERS AND DIRECTORS PSTD TITLE NAME PALMER, SCOTT STREET ADDRESS 3420 SW 19 ST FT LAUDERDALE, FL 33312 CITY-ST-ZIP 000000957450 08/11/08-80002-002 550.00 TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP THILE NAME STREET ADDRESS むをひょう CITY-ST-ZIP" TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 exec. (a) his 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 live empowered.

SIGNATURE:

CITY - ST - ZIP"

ACMATURES UN TYPEN OPRENITEN NAME OF SIGNING OFFICER OR DIRECTOR

8-6-08

954.494-3897

Dayt-me Phone #