2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000052731

Entity Name: HARBOR BRANCH OCEAN ENGINEERING, INC.

FILED Apr 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5600 U.S. HIGHWAY 1 NORTH FT. PIERCE, FL 34946 **Current Mailing Address: New Mailing Address:** 5600 U.S. HIGHWAY 1 NORTH FT. PIERCE, FL 34946 FEI Number: 65-1124203 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STEWART, WILLIAM J STEWART, WILLIAM J 3355 OCEÁN DRIVE STEWART & EVANS PA VERO BEACH, FL 32963 3355 OCEAN DRIVE US VERO BEACH, FL 32963 US 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. SIGNATURE: 04/15/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition RICH, HERMAN VINCENT, BURKE Name: Name: 5600 US HWY N 5600 US HWY N Address: Address: City-St-Zip: FORT PIERCE, FL 34946 City-St-Zip: FORT PIERCE, FL 34946 Title: Title: TD (X) Delete () Change () Addition LARRY, KING Name: Name: PO BOX 782459 Address: Address: ORLANDO, FL 32878 City-St-Zip: City-St-Zip: Title: Title: PD (X) Delete () Change () Addition JERRY, NEELY Name: Name: 5600 US HWY N Address: Address: City-St-Zip: FORT PIERCE, FL 34946 City-St-Zip: Title: (X) Delete Title: () Change () Addition LEFFEW, SUZANNE Name: Name: Address: 4900 13TH LANE Address: City-St-Zip: City-St-Zip: VERO BEACH, FL 32966 Title: (X) Delete Title: () Change () Addition BURKE, VINCENT Name: Name: 5600 US HWY 1 NORTH Address: Address: City-St-Zip: FORT PIERCE, FL 34946 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCENT BURKE D 04/15/2005