2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an

SIGNATURE AND TYPETION PRINTED

SIGNATURE: _

Apr 26, 2006 8:00 am Secretary of State **DOCUMENT # P02000028219** 1. Entity Name 04-26-2006 90198 003 ***150.00 I M C MARINE INC. Mailing Address Principal Place of Business 2316 SE 19H PLACE 2316 SE 19H PLACE FT LAUDERDALE, FL 33316 FT LAUDERDALE, FL 33316 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01262006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 01-0615682 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROGERS, HOWARD Street Address (P.O. Box Number is Not Acceptable) 2316 S.E. 19TH PLACE FT LAUDERDALE, FL 33316 City 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. Signature, typed or crusted name of registered egent 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 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE Delete TITLE ROGERS, HOWARD NAME NAME STREET ADDRESS 2316 SE 19H PLACE STREET ADORESS FORT LAUDERDALE, FL 33316 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE ROGERS, MARIA NAME 2316 SE 19H PLACE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33316 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS City-St-ZP CITY-ST-ZIP Πη ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change DTLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME MAKE STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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 trueles empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

other like empowered.

OF BIGNING OFFICER OR DIRECTOR

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