


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2007 8:00 am**  
**Secretary of State**

07-23-2007 90037 028 \*\*\*150.00

<b>DOCUMENT # P02000046474</b> 1. Entity Name <b>MARINE TECHNOLOGIES.NET, INC.</b>					
Principal Place of Business <b>19971 S RIVER RD ALVA, FL 33920</b>			Mailing Address <b>PO BOX 50949 FORT MYERS, FL 33994</b>		
2. Principal Place of Business - No P.O. Box # <b>3334 Purple Martin Dr.</b>		3. Mailing Address Suite, Apt. #, etc. <b>226</b>			
City & State <b>Punta Gorda</b>		City & State <b>FL</b>		4. FEI Number <b>75-3046082</b>	
Zip <b>FL 33950</b>		Country <b>33950</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BAUMGARTNER, JERRY L 19971 S RIVER RD ALVA, FL 33920</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUMGARTNER, JERRY L 19971 S RIVER RD ALVA, FL 33920	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUMGARTNER, JERRY L 19971 S RIVER RD ALVA, FL 33920	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUMGARTNER, JERRY L 19971 S RIVER RD ALVA, FL 33920	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUMGARTNER, JERRY L 19971 S RIVER RD ALVA, FL 33920	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUMGARTNER, JERRY L 19971 S RIVER RD ALVA, FL 33920	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUMGARTNER, JERRY L 19971 S RIVER RD ALVA, FL 33920	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="text-align: right;"> <b>7/16/07</b>  <small>Date</small> </div> <div style="text-align: right;"> <small>Daytime Phone #</small> </div>					