DOCUMENT # P02000046474         07-23-2007 90037 028 ***150.00           Letty Name MARINE TECHNOLOGIES NET, INC.         Image: Construction of the construle of the construction of the construction of the construction	2007 FOR PROFIT CORPORATION ANNUAL REPORT							FILED Jul 23, 2007 8:00 am Secretary of State				
MARINE TECHNOLOGIES NET, INC.  Principal Placed Business 19971 SRVER R0 NVA FL 33920 PD BOX 50049 PD BOX 5004 PD BOX 500 PD BOX 500 PD BOX 5004 PD BOX 5004 PD BOX 500 PD BOX 5004 PD BOX 5004 PD BOX 500 PD BOX 5004 PD BOX 500 PD BOX 5004 PD BOX 500 PD BO	DOCUMENT # P02000046474							07-23-2007 9	0037 028	***150.	00	
1997.1 S. Starte RD       PD BOX 50949 FORT MARKS, 133924         2. Principal Place and Business - ND PO. Box + 33334 Aru P.IC. MORES, Dr.       3. Mailing Address         Subject Aru * RC.       Subject Aru * RC.         Put R       Galaxies         2. Principal Place and Address of Current Registered Agent       R. Canaces of Subject Area Registered Agent         3. Name and Address of Current Registered Agent       Name and Address of New Registered Agent         3. Name and Address of Current Registered Agent       Name and Address of New Registered Agent         3. Name and Address of Current Registered Agent       Name and Address of New Registered Agent         3. Name and Address of Current Registered Agent       Name and Address of New Registered Agent         3. Start Rockes agent       Name and Address of New Registered Agent         3. Start Rockes agent       Name and Address of New Registered Agent         3. Start Rockes agent       Name and Address of New Registered Agent         3. Start Rockes agent       Name and Address of New Registered Agent         3. Start Rockes agent       Name and Address of New Registered Agent         3. Start Rockes age												
3337       Pure PLE       Solid Apt # etc.       07162007       Chp.P       CR2E034 (12/06)         20       Country       1       Chy.6 State       1       FE Number       Name and Address of Current Registered Agent       1       Name and Address of New Registered Agent       1       1       1       Name and Address of New Registered Agent       1       1       1       1       1       1       1       1       1       1	19971 S RIV	er RD		PO BOX 50949								
226       Units of the intervent of the subset	2. Principal Pl 3334											
Point God Au         75-3046082         Tork Applied           20         339.50         20         Country         5. Cardicate of Satus Desired         57.3046082           20         339.50         20         Country         5. Cardicate of Satus Desired         57.3046082           20         Aum And Address of Current Registanced Agent         7. Name and Address of New Registanced Agent         7. Name and Address of New Registanced Agent           3000 April NERF, JERRY L         Street Address of New Registanced Agent         Name         Street Address of New Registanced Agent           ALVA, FL 33920         Encode agent, or both, in the State of Phondal. Tarm familier with, and acce         Chi         FL         Zo Code           3004ATUPE         Encode agent, or both, in the State of Phondal. Tarm familier with, and acce         Total Fund Contrologin Francing         DAtt           3104         FLE NOWIT: FEE IS \$150.00         9. Election Campaign Francing         Stod to Fees         In accordance with s. 607.193(2)(b), F.S. the contrologin Francing         Addres to Fees         In accordance with s. 607.193(2)(b), F.S. the control fragme agent and acce           10.         Off-CERS AND DireCtORS         11.         Addres to Fees         In accordance with s. 607.193(2)(b), F.S. the control fragme agent and acce         Intel Street Address of Order agent and acce           11.         OffFCERS AND DireCtORS	Suite, Apt. #, etc.			Suite, Apt. #, etc.			07162007	Chg-P	CR2E03	4 (12/06)		
Zip       Country       S. Cantilog S. Caulty	· · · · ·	Goeda		City & State				-			1	
				Zip Count		ry	5. Certificate	of Status Desired		68.75 Add	titional	
19971 S RIVER RD       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zp Code         City       FL       Zp Code         Street Address (P.O. Box Number is Not Acceptable)       FL       Zp Code         Street Address (P.O. Box Number is Not Acceptable)       FL       Zp Code         Street Address (P.O. Box Number is Not Acceptable)       FL       Zp Code         Street Address (P.O. Box Number is Not Acceptable)       FL       Zp Code         Street Address (P.O. Box Number is Not Acceptable)       FL       Zp Code         Street Address (P.O. Box Number is Not Acceptable)       FL       Zp Code         Street Address (P.O. Box Number is Not Acceptable)       In accordance with set 0.001(0)       Internet Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Internet Address (P.O. Box Number is Not Acceptable)       Internet Address (P.O. Box Number is Not Acceptable)         Not Doe by September 14, 2007       P. Election Campaign Financing       Street Address (P.O. Box Number is Not Acceptable)       Internet Address (P.O. Box Number is Not Acceptable)         Not Street Address (P.O. Box Number is Not Acceptable)       Internet Address (P.O. Box Number is Not Acceptable)       Internet Address (P.O. Box Number is Not Acceptable)         Not Street Address (P.O. Box Number is Not Acceptable)       Internet Address (P.O.		6. Name and Add	ress of Current Re	gistered Agent		Name	7. Name and	Address of New R	egistered A	gent		
Change and entity submits this statement for the purpose of changing its registered agent, or both, in the State of Pordal. Tam familiar with, and accord ne obligations of registered agent.     SiGNATURE     Sequence type of porter rane of researce agent and too / registered agent.     SiGNATURE     Sequence type of porter rane of researce agent and too / registered agent.     SiGNATURE     Sequence type of porter rane of researce agent and too / registered agent.     SiGNATURE     Sequence type of porter rane of researce agent and too / registered agent, or both, in the State of Pordal.     Tam familiar with, and accord and the porter rane of researce agent and too / registered agent, or both, in the State of Pordal.     Tam familiar with, and accord and the porter rane of researce agent.     SiGNATURE TELE IS \$150.00     Due by Septembor 14, 2007     OFFICERS AND DIRECTORS     11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 11     Inte     Sinter ADDRSS     OFFICERS AND DIRECTORS N 11     NAME     SINTER ADDRSS     OFFICERS AND DIRECTORS N 11     OFFICERS AND DIRECTORS N 11	19971 S RIVER RD											
						City			FL	Zip Cod	e	
Ignature: types or private rank of a pipelical         IPDIC Registered Agent agentaure actures erem remaining         Date           FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007         P. Election Campaign Financing Trust Fund Contribution.         \$5.00 May Be Added to Fees         In accordance with s. 607.193(2)(b), F. S., the corporation did not receive the prior notice.           10.         OFFICERS AND DIRECTORS         11.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1           11.         Define         11.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1           11.         Define         11.1E         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1           11.         BAUMGARTINER, JERRY L         Intel         Intel         Added           11.         BAUMGARTINER, JERRY L         Intel         Intel         Added           11.         BAUMGARTINER, JERRY L         Intel         Intel         Intel           11.         BAUMGARTINER, JERRY L         Intel         Intel         Intel           11.         BAUMGARTINER, JERRY L         Intel         Intel         Intel           11.11         BAUMGARTINER, JERRY L         Intel         Intel         Intel           11.11         BAUMGARTINER, JERRY L         Intel         Intel         Intel         Intel <td colspan="11">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</td>	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											
Due by September 14, 2007         Trust Fund Contribution.         Added to Fees         corporation did not receive the prior notice.           10.         OFFICERS AND DIRECTORS         11.         Added to Fees         corporation did not receive the prior notice.           10.         OFFICERS AND DIRECTORS         11.         Added to Fees         corporation did not receive the prior notice.           10.         OFFICERS AND DIRECTORS         11.         Added to Fees         corporation did not receive the prior notice.           10.         OFFICERS AND DIRECTORS         11.         Addid to Fees         corporation did not receive the prior notice.           10.         BAUMGARTNER, JERRY L         Delee         ThuE	SIGNATURE											
TITLE       P       BAUMGARTINER, JERRY L       Delete       TITLE       Intelexity       Addit         STREET ADDRESS       STREET ADDRESS       Change       Addit         STREET ADDRESS       Delete       TITLE       Intelexity       Change       Addit         ITTLE       Delete       TITLE       NAME       Change       Addit         STREET ADDRESS       CITY-ST-2P       CITY-ST-2P       Change       Addit         ITTLE       Delete       TITLE       Change       Addit         NAME       STREET ADDRESS       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P         ITTLE       Delete       TITLE       Addit       STREET ADDRESS       CITY-ST-2P         ITTLE       NAME       STREET ADDRESS       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P         ITTLE       NAME       STREET ADDRESS       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P         ITTLE       NAME       STREET ADDRESS       CITY-ST-2P       Change       Addit         ITTLE       NAME       STREET ADDRESS       CITY-ST-2P       Change       Addit         ITTLE       NAME       STREET ADDRESS       CITY-ST-2P       Change       Addit         ITTLE												
NAME     BAUMGARTNER, JERRY L     NAME       1997 15 RIVER RD     SIRET ADDRESS       CITY-ST-2P     ALVA, FL 33920       ITLE     Delete       NAME     SIRET ADDRESS       CITY-ST-2P     Change       ALVA, FL 33920     CITY-ST-2P       ITLE     SIRET ADDRESS       CITY-ST-2P     CITY-ST-2P       ITLE     NAME       NAME     SIRET ADDRESS       CITY-ST-2P     CITY-ST-2P       ITLE     Delete       ITLE     NAME       SIRET ADDRESS     CITY-ST-2P       ITTLE     Delete       ITLE     NAME       SIRET ADDRESS     CITY-ST-2P       ITTLE     NAME       SIRET ADDRESS     CITY-ST-2P       ITTLE     Delete       ITTLE     NAME       SIRET ADDRESS     CITY-ST-2P       ITTLE     Delete       ITTLE     NAME       SIRET ADDRESS     CITY-ST-2P       ITTLE     Delete       ITTLE     NAME       SIRET ADDRESS     CITY-ST-2P       ITTLE     NAME       SIRET ADDRESS     CITY-ST-2P       ITTLE     NAME       SIRET ADDRESS     CITY-ST-2P       ITTLE     NAME       SIRET		· · · ·	_			ADDITIONS	CHANGES TO OFFI					
NME       NME         STRET ADDRESS       STRET ADDRESS         CITY-ST-2P       CTY-ST-2P         ITLE       Delete         NAME       STRET ADDRESS         CITY-ST-2P       TTLE         NAME       STRET ADDRESS         CITY-ST-2P       TTLE         NAME       STRET ADDRESS         CITY-ST-2P       TTLE         NAME       STRET ADDRESS         CITY-ST-2P       CTY-ST-2P         ITLE       Delete         NAME       STRET ADDRESS         CITY-ST-2P       CTY-ST-2P         ITLE       Delete         NAME       STRET ADDRESS         CITY-ST-2P       CTY-ST-2P         ITLE       Delete       TTLE         NAME       STRET ADDRESS         CITY-ST-2P       CTY-ST-2P         ITLE       Delete       TTLE         NAME       STRET ADDRESS       CTY-ST-2P         CITY-ST-2P       CTY-ST-2P       CTY-ST-2P         ITLE       Delete       TTLE         NAME       STRET ADDRESS       CTY-ST-2P         CITY-ST-2P       CTY-ST-2P         TTLE       NAME       STRET ADDRESS	NAME STREET ADDRESS	BAUMGARTNER, JERRY L 19971 S RIVER RD			NAME STREET ADDRESS					Change		
ITILE       Delete       ITILE       Addit         NAME       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         ITILE       Delete       ITILE       Change       Addit         NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addit         ITILE       Delete       ITILE       Change       Addit         NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addit         ITILE       Delete       ITILE       Change       Addit         STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       Change       Addit         ITILE       Delete       TITLE       Change       Addit         NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addit         ITILE       Delete       TITLE       Change       Addit         NAME       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         ITILE       Delete       TITLE       NAME       STREET ADDRESS       CITY-ST-ZIP         ITILE       NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addit         ITILE       NAME       STREET ADDRESS       CITY-ST-ZIP	NAME STREET ADDRESS	Delete				IE EET ADDRESS				Change	🗋 Addition	
NAME       STREET ADDRESS         CITY-ST-ZIP       ITILE         TITLE       Delete         NAME       STREET ADDRESS         CITY-ST-ZIP       ITILE         TITLE       Delete         TITLE       STREET ADDRESS         CITY-ST-ZIP       CTY-ST-ZIP         TITLE       Delete         TITLE       ITILE         NAME       STREET ADDRESS         CITY-ST-ZIP       CTY-ST-ZIP         TITLE       Delete         TITLE       Delete         TITLE       Change         NAME       STREET ADDRESS         CITY-ST-ZIP       CHY-ST-ZIP         TITLE       Delete         TITLE       CHY ST-ZIP         TITLE       CHY ST-ZIP<	TITLE NAME STREET ADDRESS	Delete				ET ADDRESS				Change	Addition	
NAME       NAME         STREET ADDRESS       STREET ADDRESS         CITY-ST-ZIP       STREET ADDRESS         TITLE       Delete         NAME       ITILE         NAME       Delete         TITLE       Delete         NAME       STREET ADDRESS         CITY-ST-ZIP       Change         Addit         NAME         STREET ADDRESS         CITY-ST-ZIP         12. I hereby certify that the information supplied with this filing does not quality 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 directer of the corporation or the frequence 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 or Bloc	NAME STREET ADDRESS			🗖 Delete	NAME	et address				Change	Addition	
NAME     NAME       STREET ADDRESS     STREET ADDRESS       CITY-ST-ZIP     STREET ADDRESS       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 directe of the corporation or the frequence 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 changed, or on an attachment with an address, with all other like empowered.       SIGNATURE:     7/1/6/07	NAME STREET ADDRESS			Delete	NAME	et ad <b>ore</b> ss				Change	Addition	
indicated on this report or exoplemental 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	NAME STREET ADDRESS			🗖 Delete	NAME	et address				Change	Addition	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daysme Phone +	indicated of the corr changed,	on this report or supp poration or the receive or on an attachment of	lemental report is tr er or trustee empow with an address, wit	ue and accurate and that r ered to execute this report h all other like empowered	my signat as requir l	ure shall have the ed by Chapter 60	d in Chapter 11 same legal effe 7, Florida Statut	ct as if made under o es; and that my name	bath; that I as e appears in 7	n officer Block 10 o	ntormation or director r Block 11 if	