

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90006 004 \*\*\*150.00

<b>DOCUMENT # P02000047656</b> 1. Entity Name <b>TREMBLAY MARINE, INC.</b>			
Principal Place of Business <b>9200 S MILITARY TRAIL #28 BOYNTON BEACH, FL 33436</b>		Mailing Address <b>9200 S MILITARY TRAIL #28 BOYNTON BEACH, FL 33436</b>	
2. Principal Place of Business <b>63 SPANISH RIVER DR</b>		3. Mailing Address <b>63 SPANISH RIVER DR</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>OCEAN RIDGE</b>		City & State <b>OCEAN RIDGE</b>	
Zip <b>33435</b>		Zip <b>33435</b>	
Country 		Country 	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TREMBLAY, JULES 9200 S MILITARY TRAIL #28 BOYNTON BEACH, FL 33436</b>		7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>63 SPANISH RIVER DR,</b> City <b>OCEAN RIDGE</b> <b>FL</b> Zip Code <b>33435</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TREMBLAY, JULES</b> <b>9200 S MILITARY TRAIL #28</b> <b>BOYNTON BEACH, FL 33436</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>63 SPANISH RIVER DR</b> <b>OCEAN RIDGE, FL 33435</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: X</b>		<b>JULES TREMBLAY 3/3/06 (561)364-</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone # <b>3974</b>	