2005 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

SIGNATURE: Y

FILED Mar 18, 2005 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P02000054573 1, Entity Name TRANQUILITY MARINE, INC. Principal Place of Business Mailing Address 2950 NE 32 AVE. 2950 NE 32 AVE. FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 03142005 No Chq-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 37-1430553 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Ш Fee Required 6. Name and Address of Current Registered Agent WINDRIDGE, KATHLEEN A DO NOT WRITE 2 ISLA BAHIA TERRACE FT. LAUDERDALE, FL 33316 IN THIS SPACE 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 printed name of registered agent and little 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, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME WINDRIDGE, KATHLEEN A STREET ADDRESS 2950 NE 32 AVE FORT LAUDERDALE, FL 33308 CITY-ST-ZIP U00000268478 03/18/05-80046-002 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this lifting does not qualify 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 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

Daytime Phone #