2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P02000070611

Entity Name: CARY MARINE, INC.

Current Principal Place of Business:

1250 E. HALLANDALE BEACH BLVD.
SUITE 300
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

1250 E. HALLANDALE BEACH BLVD.
SUITE 300
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 37-1434177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAUNER, BLANCHE S
1250 E. HALLANDALE BEACH BLVD., SUITE 300
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CCEP	( ) Delete
Name:	NESTOR, BRENDA	
Address:	6306 NW 73RD AVENUE	
City-St-Zip:	HALLANDALE, FL 33009	
Title:	ATAS	( ) Delete
Name:	NESTOR, BRENDA	
Address:	1250 E. HALLANDALE BEACH BLVD., SUITE 300	
City-St-Zip:	HALLANDALE, FL 33309	
Title:	CFAT	( ) Delete
Name:	MCGANN, EDWARD T	
Address:	1250 E. HALLANDALE BEACH BLVD., SUITE 300	
City-St-Zip:	HALLANDALE, FL 33009	
Title:	VDTS	( ) Delete
Name:	LAUNER, BLANCHE	
Address:	1250 E. HALLANDALE BEACH BLVD., SUITE 300	
City-St-Zip:	HALLANDALE, FL 33009	
Title:	VDAS	( ) Delete
Name:	LOFFREDO, MARCO B	
Address:	1250 E HALLANDALE BEACH BLVD, SUITE 300	
City-St-Zip:	HALLANDALE, FL 33009	
Title:	AT	( ) Delete
Name:	LOFFREDO, MARCO B	
Address:	1250 E. HALLANDALE BEACH BLVD., SUITE 300	
City-St-Zip:	HALLANDALE, FL 33309	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BLANCHE LAUNER VDTS 04/16/2009

Electronic Signature of Signing Officer or Director — Date