

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000070611

FILED
Apr 01, 2010
Secretary of State

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:

NESTOR, BRENDA
1250 E. HALLANDALE BEACH BLVD, SUITE 300
HALLANDALE, FL 33009 US

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: BRENDA NESTOR

04/01/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CCEP
Name: NESTOR, BRENDA
Address: 1250 E. HALLANDALE BEACH BLVD, SUITE 300
City-St-Zip: HALLANDALE, FL 33009

Title: ATAS
Name: NESTOR, BRENDA
Address: 1250 E. HALLANDALE BEACH BLVD., SUITE 300
City-St-Zip: HALLANDALE, FL 33309

Title: CFAT
Name: MCGANN, EDWARD T
Address: 1250 E. HALLANDALE BEACH BLVD., SUITE 300
City-St-Zip: HALLANDALE, FL 33009

Title: VDTs
Name: LAUNER, BLANCHE
Address: 1250 E. HALLANDALE BEACH BLVD., SUITE 300
City-St-Zip: HALLANDALE, FL 33009

Title: VDAS
Name: LOFFREDO, MARCO B
Address: 1250 E HALLANDALE BEACH BLVD, SUITE 300
City-St-Zip: HALLANDALE, FL 33009

Title: AT
Name: LOFFREDO, MARCO B
Address: 1250 E. HALLANDALE BEACH BLVD., SUITE 300
City-St-Zip: HALLANDALE, FL 33309

I hereby 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 all other like empowered.

SIGNATURE: BRENDA NESTOR

CCEP

04/01/2010

Electronic Signature of Signing Officer or Director

Date