2008 FOR PROFIT CORPORATION

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED ANNUAL REPORT Mar 13, 2008 08:00 AN **DOCUMENT # P02000076612 Secretary of State** 1. Entity Name MARINE SALES INTERNATIONAL, INC. Principal Place of Business Mailing Address 8285 30TH AVE N **5401 CENTRAL AVE** SAINT PETERSBURG, FL 33710 SAINT PETERSBURG, FL 33710 No Chg-P CR2E034 (11/05) 03032008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0422385 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CATO, CHARLES DO NOT WRITE 8285 30TH AVE. N SAINT PETERSBURG, FL 33710 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 title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Bo 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE CATO, CHARLES NAME STREET ADDRESS 8285 30TH AVE N CITY-ST-ZIP SAINT PETERSBURG, FL 33710 HAAAAA85752A TITLE 04/01/08-80007-015 158.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:	(hapters	(A-6)	Charles Cato	3-5-09	727-343-753
RIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #