2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 17, 2006 8:00 am **Secretary of State** DOCUMENT # P02000122589 01-17-2006 90232 035 ***150.00 OFFSHORE MARINE CONSTRUCTION & PILING, INC. Portugal Place of Business Mailing Address U U U U A U A U 14610 BOYETTE ROAD 14610 BOYETTE ROAD RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 nat Flace of Business 3. Mailing Address Suite Apr #, etc. ≟ot = etc 01042006 CR2E034 (11/05) 4. FEI Number Applied For City & State City & State 13-4206558 Not Applicable $Z_{\rm ID}$ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WITT, PAUL CECIL Street Address (P.O. Box Number is Not Acceptable) 14610 BOYETTE ROAD RIVERVIEW, FL 33569 City Zip Code 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 Signat CAT (NOTE: Registered Ageni signature required when reinstancy 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PCEO Delete TITLE Change : Addition PCEOSTV WITT, PAUL C PCEO NAME WITT, PAUL C 14610 BOYETTE ROAD STREET ADDRESS THE LADDRESS 14610 BOYETTE ROAD RIVERVIEW, FL 33569 CITY-ST-ZIP JI'Y-5'-ZIP RIVERVIEW, FL 33569 🔀 Delete TITLE ☐ Change ☐ Addition THE WITT, TONYA R VT NAME "IAME STREET ADDRESS 13FET ADORESS 14610 BOYETTE ROAD RIVERVIEW, FL 33569 CITY-ST-ZIP TEV ST JIP ☐ Change Addition ☐ Delete TITLE 1.4 NAME 198114198535 STREET ADDRESS CITY-ST-ZIP TY ST ZIP Addition ☐ Delete TITLE جي 1-NAME \$131F1 ADDRESS STREET ADDRESS TITY ST ZIP CITY-ST-ZIP ☐ Change ☐ Addition Oelete TITLE NAME 1-61 THE TALL PROS STREET ADDRESS , .. .p CITY-ST-ZIP Defete TITLE ☐ Change Addition NAME 1.1 STREET ADDRESS REST MILITERS 13. CITY-ST-ZIP

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changed or on an attachm with an address, with all other like empowered SIGNATURE

Thereby dertify 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 and category or 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 in