2005 FOR PROFIT CORPORATION

Jan 26, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P03000048308 1. Entity Name ADVANCED MARINE COATINGS, INC. Principal Place of Business _ Mailing Address 340 NE 43RD STREET 340 NE 43RD STREET OAKLAND PARK, FL 33334 OAKLAND PARK, FL 33334 US No Chg-P 01212005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0532648 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ELLSON, JULIANA C DO NOT WRITE 340 NE 43RD STREET OAKLAND PARK, FL 33334 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ELLSON, BLAKE NAME STREET ADDRESS 340 NE 43RD STREET U00000197871 01/27/05-80029-010 150.00 CITY-ST-ZIP OAKLAND_PARK, FL 33334 TITLE NAME ELLSON, JULIANA C STREET ADDRESS 340 NE 43RD STREET CITY-ST-ZIP OAKLAND PARK, FL 33334 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section T19.07(3)(f), 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 eath; 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 approvered.

SIGNATURE:

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

954-565-6082

Daytime Phone #

FILED