2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 24, 2005 8:00 am Secretary of State

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DOCUMENT # P0300050189 1. Entity Name QUALITY MARINE SERVICES OF BREVARD, INC.					03-24-2005 90029 015 ***150.00				
Principal Place	o of Suriners	Mailing Address			1				
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			120 S. SUZANNE CT.						
MERRITI ISLA	AND, FL 32952	MERRITT ISLAND, FL 3	2952						
					1 18 8 (18 8)	6163 (311) 93(1) 86(1) 68	III BAIRI BIIII ES		(66) () (86)
		[+ 1. W							
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03122005	Chg-P	CR2E0	34 (10/03)	
City & State		City & State			4. FEI Number			Ар	plied For
					20-0015794			No	t Applicable
Zip	Country	Zip	Coun	ntry		(0 0 : .		\$8.75 Add	itional
					5. Certificate of	f Status Desired		Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New I	Registered A	laent	
At theme and Contract to Contact the Restated Wheter				7. Name and Address of New Registered Agent Name					
JOHNSON	L'TIM	-	-						
120 S SUZ				Street Address (P.O. Box Number is Not Acceptable)					
	ISLAND, FL 32952								
				C:				Zip Code	
				City			FL	ZID COOR	'
	named entity submits this statement folions of registered agent.	r the purpose of changing its	register	ed office or register	red agent, or both	, in the State of Fl	orida. I am 1	amiliar with,	and accept
SIGNATURE_									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	xi Agent signature required	t when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00	9. Election Campai			.00 May Be				,
After Ma	ay 1, 2005 Fee will be \$550.	Trust Fund Conti	ribution.	☐ Ådd	led to Fees				1
10.	OFFICERS AND	DIDECTORS			- 1				2 INL 1.1
	DPST		11		ADDITIONS /	いいんりんりゅう さんしんじょう	CICEDS AND	DIDECTOR	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: When 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.

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SIGNATURE: Limbon Indohuson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR