

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 AUG 28 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|--|---|---|--|--|
| DOCUMENT # P03000075021 | | | | | |
| 1. Entity Name AAA INTERNATIONAL MARINE, INC. | | | | | |
| Principal Place of Business 5950 PENINSULA AVENUE KEY WEST, FL 33040 | | | Mailing Address 5950 PENINSULA AVENUE KEY WEST, FL 33040 | | |
| 2. Principal Place of Business 110855 OVERSEAS HWY Suite, Apt. #, etc. | | 3. Mailing Address 110855 OVERSEAS HWY Suite, Apt. #, etc. | | | |
| City & State Sugarloaf Key, FL Zip: 33042 Country: USA | | City & State Sugarloaf Key, FL Zip: 33042 Country: USA | | 4. FEI Number 20-0091022 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent WEBSTER, TIM L 5950 PENINSULA AVENUE KEY WEST, FL 33040 | | | 7. Name and Address of New Registered Agent Name: LEN SEELEN Street Address (P.O. Box Number is Not Acceptable): 110855 OVERSEAS HWY City: Sugarloaf Key FL Zip Code: 33042 | | |
| 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: <u>LEN SEELEN, PRES</u> (NOTE: Registered Agent signature required when reinstating) 6/23/06 <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE: P NAME: WEBSTER, TIM L STREET ADDRESS: 5950 PENINSULA AVENUE CITY-ST-ZIP: KEY WEST, FL 33040 | <input checked="" type="checkbox"/> Delete | | TITLE: P NAME: LENSELEN STREET ADDRESS: 110855 OVERSEAS HWY CITY-ST-ZIP: Sugarloaf Key, FL 33042 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Delete | | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing 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: <u>Tim L Webster</u> | | | SIGNATURE: <u>TIM L WEBSTER</u> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> <u>352-257-1359</u> | | |

6/20