2007 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 31, 2007 8:00 am Secretary of State 08-31-2007 90002 033 ***150.00 DOCUMENT # P03000076958 OVERBOARD MARINE CONSTRUCTION, INC. 40130337 Principal Place of Business Mailing Address 738 BEACH DR 738 BEACH DR DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business - No P.O. Box # 3. Maiting Address 611 Beach Drive 611 Beach Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 08072007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Destin, Fl Destin, FL 54-2120558 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32541 USA 32541 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Rae Lynn Shirah TAYLOR, LLYOD Street Address (P.O. Box Number is Not Acceptable) 611 Beach Drive 738 BEACH DR DESTIN, FL 32541 Zip Code 32541 Destin 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. \Box Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PΩ TITLE 🛭 Delete TITLE President, Director XX Change TAYLOR, LLOYD NAME NAME Rae Lynn Shirah STREET ADDRESS 738 BEACH DR STREET ADDRESS 611 Beach Drive DESTIN, FL 32541 CITY-ST-ZIP CITY - ST- 21P Destin, FL 32541 VPD TITLE (X) Delete TITLE -☐ Change ☐ Addition SHIROH, JAMES C NAME NAME STREET ADDRESS 611 BEACH DRIVE STREET ADDRESS DESTIN, FL 32541 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P Change Delete TITI F ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change TITLE ■ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19. 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:

FILED