


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90129 037 ***150.00

DOCUMENT # P03000091503	
1. Entity Name NEW ENGLAND MARINE POWER, INC.	

Principal Place of Business 252 N.E. 12TH STREET DELRAY BEACH, FL 33444	Mailing Address 252 N.E. 12TH STREET DELRAY BEACH, FL 33444
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04003210

2. Principal Place of Business 11501 ELLISON WILSON BLVD	3. Mailing Address (SAME)
Suite, Apt. #, etc.	Suite, Apt. #, etc.



05032004 Chg-P CR2E034 (10/03)

City & State Palm Beach Gardens, FL	City & State
Zip 33410	Country USA

4. FEI Number 20-0836274	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent KENNEDY, PAUL ROGERS ESQ. 252 N.E. 12TH STREET DELRAY BEACH, FL 33444	
7. Name and Address of New Registered Agent Name → Street Address (P.O. Box Number is Not Acceptable) 11891 US HWY ONE, Suite 100 City North Palm Beach FL Zip Code 33408	

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 *Paul Rogers* (NOTE: Registered Agent signature required when re-registering) DATE **4/29/04**

\$150	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, PAUL ROGERS 252 N.E. 12TH STREET DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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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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

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 another like empowered.

SIGNATURE: *Paul Rogers* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **4/29/04** Daytime Phone # **5616227200**