

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Feb 27, 2008  
Secretary of State**

DOCUMENT# P03000138713

Entity Name: NATIONAL MARITIME SERVICES, INC.

**Current Principal Place of Business:**

1915 SW 21 AVE  
FT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

1915 SW 21 AVE  
FT LAUDERDALE, FL 33312

**New Mailing Address:**

FEI Number: 47-0935459      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TONEY, G ROBERT  
1915 SW 21 AVE  
FT LAUDERDALE, FL 33312      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: TONEY, G ROBERT  
Address: 1915 SW 21 AVE  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: VT ( ) Delete  
Name: TONEY, JANE S  
Address: 1915 SW 21 AVE  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: TONEY, G ROBERT  
Address: 1915 SW 21 AVE  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: VTD (X) Change ( ) Addition  
Name: TONEY, JANE S  
Address: 1915 SW 21 AVE  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: VP ( ) Change (X) Addition  
Name: BROWN, MARK H  
Address: 1915 SW 21ST AVE  
City-St-Zip: FORT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: G ROBERT TONEY

PSD

02/27/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date