2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 23, 2005 08:00 AM DOCUMENT # P03000158445 **Secretary of State** 1. Entity Name U.S. MARINE CORPORATION Principal Place of Business Mailing Address 18974 SE OLD TRAIL DRIVE EAST JUPITER FL 33478 18974 SE OLD TRAIL DRIVE EAST JUPITER FL 33478 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 36-4546297 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZAPETIS, MICHAEL E JR. 18974 SE OLD TRAIL DRIVE EAST JUPITER FL 33478 Street Address (P.O. Box Number is Not Acceptable) City Zip Code 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 Squature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. HILE Change Addition TITLE ☐ Delete ZAPETIS, MICHAEL E JR. NAME NAME UDDDDD0272892 STREET ADDRESS 18974 SE OLD TRAIL DRIVE EAST STREET ADDRESS 03/23/05-80007-001 150.00 CITY-ST-ZIP JUPITER FL 33478 CHY-SI-7P 34714 THLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P THLE Delete 31117 Change ☐ Addition NAME NAME STREET ADUMESS STREET AUTURNS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Addition HILE Delete TOTAL Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1010.6 Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZP CITY ST-ZIP

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:

FILED