
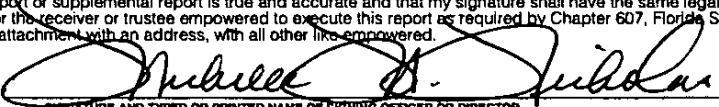


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90019 005 ***150.00

DOCUMENT # P04000030491 1. Entity Name MARINE ONE SERVICES, INC.					
Principal Place of Business 757 SCALLOP DRIVE A PORT CANAVERAL, FL 32920 US			Mailing Address 757 SCALLOP DRIVE A PORT CANAVERAL, FL 32920 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5961 Midway Ave. Suite, Apt. #, etc.			
City & State Zip Country		City & State Cocoa, FL Zip Country 32927 Brevard		4. FEI Number 200702744 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01232005 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent MAC DONALD, KRISTOPHER M 222 CHERIE DOWN LANE CAPE CANAVERAL, FL 32920			7. Name and Address of New Registered Agent Name MacDonald, Kristopher M. Street Address (P.O. Box Number is Not Acceptable) 5961 Midway Ave. City State Zip Code Cocoa FL 32927		
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) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAC DONALD, KRISTOPHER M 222 CHERIE DOWN LANE CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MacDonald, Kristopher M. 5961 Midway Ave. Cocoa, FL 32927	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICHOLAS, MICHELLE M 1970 HOLT DRIVE MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUTS Nicholas, Michelle M. 5961 Midway Ave. Cocoa, FL 32927	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICHOLAS, MICHELLE M 1970 HOLT DRIVE MERRITT ISLAND, FL 32952	<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 all other like empowered.					
SIGNATURE: 			Date Daytime Phone # 01/22/05 321-636-7594		