2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 10, 2005 8:00 am Secretary of State

Principal Place of Business	DOCUMENT # P0400055970 1. Entity Name CW MARINE, INC.						01-10-2005 90051 009 ***150.00				
PO BOX 1535 LINSEN BEACH, FL 34958 2. Principal Place of Business 3. Mailing Address Suite, Apt. F. etc. 1. Suite, Apt. F.	Principal Place	a of Business					51	1001	968		
Suite, Apt. #, etc.	PO BOX 153	5	PO BOX 1535				J	1001	1200		
Suite, Apt. #, etc.											
City & State Country Country Country Country Apolled For 14-1905568 Apolled For 14-1905668 Apolled For 14-19	2. Principal Place of Business										
Application	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032005	Chg-P	CR2E034 (10/03)			
NOORUFF, CHARLES 2142 NE GILMAN AVE 215 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zira Coor City City City City FL Zira Coor	City & State		City & State		 				-		
MOODRUFF, CHARLES 2142 NE GILMAN AVE JENSEN BEACH, FL 34957 City FL Zip Code City	Zip	Country	Zip	Count	try	5. Certificate	of Status Desired				
STREET ADDRESS CITY-S1-2P TITLE NAME STREET ADDRESS CITY-S1-2P TITLE	2	nt Registered Agent			7. Name and		Registered Ager	nt			
Sireet Address (P.O. Box Number is Not Acceptable)	WOODBLI	EE CHADIES	n e n e e e e e e e e e e e e e e e e e	-	Name						
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat	2142 NE GILMAN AVE				Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the beligations of registered agent. SIGNATURE Signature, boest or printed name of registered agent and site if applicable. WOTE Registered Agent or greature required when remaining) DATE	**	,									
SIGNATURE Signature Till Now Till File S S S S S S S S S	· ·				City			FL	Zip Code)	
After May 1, 2005 Fee will be \$550.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS TITLE WOODRUFF, CHARLES B STREET ADDRESS CITY-ST- ZPP TITLE TITLE NAME STREET ADDRESS CITY-ST- ZPP TITLE TITLE	the obligat	ions of registered agent.	for the purpose of changing its	registere	ed office or regi	istered agent, or bo	th, in the State of F	lorida. I am fami	liar with,	and accept	
### After May 1, 2005 Fee will be,\$550.00 10.	SIGNATURE	Signature, typed or printed name of registered age	mt and title if applicable. (NOTE	: Registered	d Agent signature rec	quired when reinstating)		DATE			
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		portify that the information supplied is	ith this filing does not qualify for		1	in Section 119 07(3)	(ii) Florida Statutes	I further certify	that the in	nformation	

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 attaronment with an address, with all other like empowered.

STIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR 1-5-05 772-475-0012 SIGNATURE: