2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # P04000058476 Apr 27, 2006 08:00 AN Secretary of State 1. Entity Name TREASURE MARINE CORPORATION Principal Place of Business Mailing Address 3701 AVE. K 3701 AVE. K RIVERA BCH FL 33404 RIVERA BCH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-2619914 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVENPORT, RICK J Street Address (P.O. Box Number is Not Acceptable) 3701 AVE. K RIVERA BCH FL 33404 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 Signature, typed or printed name of registered agent and talle it applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 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. U00000538972^{□ Change} TITLE ☐ Delete TITLE Addition NAME DAVENPORT, RICK J MAME 05/09/06-80082-014 150.00 STREET ADDRESS STREET ADDRESS 3701 AVE. K CHTY-ST-ZIP RIVERA BCH FL 33404 CITY-ST-ZIP TITLE Delete THTLE ☐ Change Addition MAME 613169 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Deixte TiTL ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete HILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP BILLE ☐ Defete THTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CIT-S1-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 with all other like

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