2007 FOR PROFIT CORPORATION

Feb 01. 2007 08:00 AM

ANNUAL REPORT					Secretary of State			
1. Entity Nan	MENT # P0400007015 MARINELIFE, INC.	1			Seci	icialy 0	State	
	CREEK CIRCLE	lailing Address 13236 PINE CREEK CIRCLE RIVERVIEW, FL 33569 US		A constant				
C	OO NOT WRITE II	CE	01272007 No Chg-P CR2E034 (11/05) 4. FEI Number					
	6. Name and Address of Current Regis RRY C IE CREEK CIRCLE W, FL 33569	stered Agent			NOT W			
the obligate	o named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and title E NOW!!!! FEE IS \$150.00 By 1, 2007 Fee will be \$550.00		d Agent signature required		th, in the State of Flo	rida. I am familiar i	with, and accept	
10.	OFFICERS AND DIRE						,	
THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP	P EYAS, EVELYN C 13236 PINE CREEK CIRCLE RIVERVIEW, FL 33569 VP EYAS, JERRY C 13236 PINE CREEK CIRCLE RIVERVIEW, FL 33569	-			U00000 02/06/07-	614760 80044-006	150.00	
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INTLE NAME STREET ADDRESS CHY-SI-JP THLE								

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 trusted 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:

When the information contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report of supplied under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the corporation or on an attachment with an address, with all other like empowered.

SIGNATURE:

When the information contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true. I for the corporation of the corporation or the care of the corporation of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, I further certify that the information indicated on this report is true. I for the corporation or the care of the corporation or the corporation or the corporation or the corporation or the care of the corporation or th

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STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO