2008 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

FİLED DOCUMENT # P04000070151 Jul 24, 2008 08:00 AM 1. Entity Name JERRY'S MARINELIFE, INC. **Secretary of State** Principal Place of Business Mailing Address 13236 PINE CREEK CIRCLE 13236 PINE CREEK CIRCLE RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 07152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 14-1907168 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EYAS, JERRY C DO NOT WRITE 13236 PINE CREEK CIRCLE RIVERVIEW, FL 33569 IN THIS SPACE 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 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 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 10. OFFICERS AND DIRECTORS TITLE 100000956174 EYAS, EVELYN C NAME STREET ADDRESS 13236 PINE CREEK CIRCLE RIVERVIEW, FL 33569 CITY-ST-ZIP TITLE EYAS, JERRY C NAME STREET ADDRESS 13236 PINE CREEK CIRCLE RIVERVIEW, FL 33569 CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby 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 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR