2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000100430

Address:

City-St-Zip:

Entity Name: MARINE SOLUTIONS AND ASSOCIATES, INC.

FILED Apr 22, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4140 SHIRLEY AVENUE JACKSONVILLE, FL 32210 US **Current Mailing Address: New Mailing Address:** 4140 SHIRLEY AVENUE JACKSONVILLE, FL 32210 US FEI Number: 20-1323134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARVER, JOSEPHINE 4140 SHIRLEY AVENUE JACKSONVILLE, FL 32210 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD () Delete Title: () Change () Addition CARVER, JOSEPHINE Name: Name: 4140 SHIRLEY AVENUE Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 US City-St-Zip: Title: () Delete Title: () Change (X) Addition CRAPPS, RALPH L Name: Name:

Address:

City-St-Zip:

4140 SHIRLEY AVENUE JACKSONVILLE, FL 32210 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPHINE CARVER PSD 04/22/2005