2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2006
Secretary of State

DOCUMENT# P04000100430

Entity Name: MARINE SOLUTIONS AND ASSOCIATES, INC.

Current Principal Place of Business:

4140 SHIRLEY AVENUE
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

8669 MONROE AVENUE
JACKSONVILLE, FL 32208 US

Current Mailing Address:

4140 SHIRLEY AVENUE
JACKSONVILLE, FL 32210 US

New Mailing Address:

8669 MONROE AVENUE
JACKSONVILLE, FL 32208 US

FEI Number: 20-1323134 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARVER, JOSEPHINE
4140 SHIRLEY AVENUE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

CARVER, JOSEPHINE
8669 MONROE AVENUE
JACKSONVILLE, FL 32208 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: JOSEPHINE CARVER 04/08/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: CARVER, JOSEPHINE
Address: 4140 SHIRLEY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: VT ( ) Delete
Name: CRAPPS, RALPH L
Address: 4140 SHIRLEY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: CARVER, JOSEPHINE
Address: 8669 MONROE AVENUE
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: VT (X) Change ( ) Addition
Name: CRAPPS, RALPH L
Address: 8669 MONROE AVENUE
City-St-Zip: JACKSONVILLE, FL 32208 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 04/08/2006
Electronic Signature of Signing Officer or Director Date