2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT **FILED** May 07, 2007 08:00 AM Secretary of State **DOCUMENT # P04000122082** ADVANTAGE MARINE DIESEL ENGINE, INC. Principal Place of Business Mailing Address 3920 NW 79TH WAY 3920 NW 79TH WAY HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 01162007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4, FEI Number Applied For 20-1533877 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ACKLEY, BILLY DO NOT WRITE 3920 NW 79TH WAY HOLLYWOOD, FL 33024 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PVP** TITLE ACKLEY, BILLY NAME STREET ADDRESS 3920 NW 79TH WAY U00000762113 CITY-ST-ZIP HOLLYWOOD, FL 33024 05/25/07-80084-011 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-30-07

Daytime Phone #