

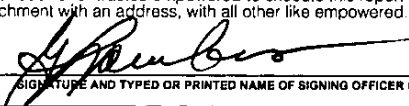


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000148564			
1. Entity Name NATIONWIDE MARINE, INC.			
Principal Place of Business 3301 SE SLATER STREET STUART, FL 34997	Mailing Address 3301 SE SLATER STREET STUART, FL 34997		
DO NOT WRITE IN THIS SPACE			
		01102007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-1871454	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			DO NOT WRITE IN THIS SPACE
RADCLIFF, TRACY 3301 SE SLATER STREET STUART, FL 34997			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000587187 01/17/07-80023-012 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RADCLIFF, TRACY 3301 SE SLATER STREET STUART, FL 34997		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV LAMBROS, GEORGE 762 SW LONG LAKE CT. PALM CITY, FL 34990		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME 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: 		1/9/07	772-7812556
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>