2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005
Secretary of State

DOCUMENT# P04642

Entity Name: MORAN-GULF SHIPPING AGENCIES, INC.

Current Principal Place of Business:

151 LAVAN ST
WARWICK, RI 02888 US

New Principal Place of Business:

Current Mailing Address:

151 LAVAN ST
WARWICK, RI 02888 US

New Mailing Address:

FEI Number: 05-0392091 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: BLACK, JAMES
Address: 333 N SAM HOUSTON PKWY STE 125
City-St-Zip: HOUSTON, TX 77060

Title: S ( ) Delete
Name: EARLE, JOHN G
Address: 222 JEFFERSON BLVD
City-St-Zip: WARWICK, RI 02888

Title: CEO ( ) Delete
Name: BLACK, MICHAEL T
Address: 151 LAVAN STREET
City-St-Zip: WARWICK, RI 02888

Title: T ( ) Delete
Name: BLACK, MICHAEL T
Address: 151 LAVAN ST
City-St-Zip: WARWICK, RI 02888

Title: COMP ( ) Delete
Name: NEWMAN, SUSAN J
Address: 151 LAVAN STREET
City-St-Zip: WARWICK, RI 02816

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BLACK, JAMES
Address: 333 N SAM HOUSTON PKWY STE 950
City-St-Zip: HOUSTON, TX 77060

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: COB (X) Change ( ) Addition
Name: BLACK, MICHAEL T
Address: 151 LAVAN STREET
City-St-Zip: WARWICK, RI 02888

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SUSAN J NEWMAN COMP 02/18/2005

Electronic Signature of Signing Officer or Director Date