2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2007 08:00 AM Secretary of State DOCUMENT # P05000026360 CU NA MARA DIVE AND YACHT MAINTENANCE, INC. Principal Place of Business Mailing Address 8045 DEER FOOT DR. 8045 DEER FOOT DR. **NEW PORT RICHEY, FL 34653 NEW PORT RICHEY, FL 34653** No Chg-P CR2E034 (11/05) 02192007 DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 20-2298084 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent REYES, ERICH D DO NOT WRITE 8045 DEER FOOT DR. NEW PORT RICHEY, FL 34653 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 little if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007-Fee will be \$550.00 10. OFFICERS AND DIRECTORS PΩ TITLE REYES, ERICH D NAME STREET ADDRESS 8045 DEER FOOT DR. CITY-ST-ZIP NEW PORT RICHEY, FL 34653 TITLE REYES, ANN C NAME STREET ADDRESS 8045 DEER FOOT DR. CITY-ST-ZIP NEW PORT RICHEY, FL 34653 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME U000000717263 STREET ADDRESS 04/30/07-80040-020 150.00 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 of truetee 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 attacking mythod an address, with all place tike empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> ENCHNER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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