


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 28, 2006 8:00 am**  
**Secretary of State**

08-15-2006 90002 045 \*\*\*150.00

8.

<b>DOCUMENT # P05000111681</b>																																	
<b>1. Entity Name</b> NUNNY'S MARINE SERVICE, INC.																																	
<b>Principal Place of Business</b> 501 35TH STREET WEST PALM BEACH FL 33407			<b>Mailing Address</b> 501 35TH STREET WEST PALM BEACH FL 33407																														
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.																															
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-3290746																													
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																													
<b>6. Name and Address of Current Registered Agent</b>  NUNNENKAMP, MARTIN 501 35TH STREET WEST PALM BEACH FL 33407				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code																													
<b>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.</b>																																	
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when registering)																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>FILE NOW!!! FEE IS \$550.00</b>  <b>DUE BY September 6, 2006</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 35%;">                 S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/> </div> <div style="width: 30%;"> <b>9. Election Campaign Financing</b>                  Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>																																	
<div style="display: flex;"> <div style="width: 50%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>NUNNENKAMP, MARTIN</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td>501 35TH STREET WEST PALM BEACH FL 33407</td> <td></td> </tr> </table> </div> <div style="width: 50%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> <td style="width: 10%;">Change <input type="checkbox"/></td> <td style="width: 10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	NAME	Delete <input type="checkbox"/>	STREET ADDRESS		NUNNENKAMP, MARTIN		CITY- ST- ZIP		501 35TH STREET WEST PALM BEACH FL 33407		TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	NAME				STREET ADDRESS				CITY- ST- ZIP			
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<b>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.</b>																																	
<b>SIGNATURE:</b> _____ <span style="float: right;">8-10-06</span>																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	