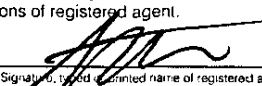
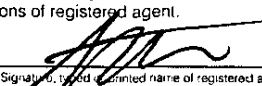
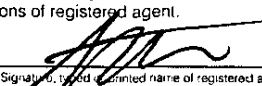



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90191 019 \*\*\*150.00

<b>DOCUMENT # P05000111917</b>																																																																																																																																																											
<b>1. Entity Name</b> CERTIFIED MARINE RECYCLERS, INC.																																																																																																																																																											
<b>Principal Place of Business</b> 760 JULIAN ST WINTER PARK, FL 32789			<b>Mailing Address</b> 760 JULIAN ST WINTER PARK, FL 32789																																																																																																																																																								
<b>2. Principal Place of Business - No P.O. Box #</b> 7685 Broken Arrow Trl		<b>3. Mailing Address</b> 7685 Broken Arrow Trl																																																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																									
<b>City &amp; State</b> Winter Park, FL		<b>City &amp; State</b> Winter Park FL		<b>4. FEI Number</b> 20-3473839																																																																																																																																																							
<b>Zip</b> 32792		<b>Country</b>		<b>Applied For</b> Not Applicable																																																																																																																																																							
<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>  STEVENSON, ROBERT L 760 JULIAN ST WINTER PARK, FL 32789			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="5">Stevenson, Robert L.</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="5">7685 Broken Arrow Trl</td> </tr> <tr> <td style="padding: 2px;">City</td> <td colspan="3">Winter Park</td> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code 32792</td> </tr> </table>			Name	Stevenson, Robert L.					Street Address (P.O. Box Number is Not Acceptable)	7685 Broken Arrow Trl					City	Winter Park			FL	Zip Code 32792																																																																																																																																				
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<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>  <table style="width:100%;"> <tr> <td style="width:30%;">SIGNATURE: </td> <td style="width:40%; text-align: center;"> <b>Robert L. Stevenson</b> </td> <td style="width:30%; text-align: right;"> <b>2/28/08</b> </td> </tr> <tr> <td style="font-size: small;">Signature, typed or printed name of registered agent and title if applicable</td> <td style="font-size: small; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</td> <td style="font-size: small; text-align: right;">DATE</td> </tr> </table>						SIGNATURE: 	<b>Robert L. Stevenson</b>	<b>2/28/08</b>	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE																																																																																																																																																
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																																									
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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>																																																																																																																																																											
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