


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-10-2006 90340 048 ***150.00

DOCUMENT # P05000163931			
1. Entity Name SEA MARINE CORPORATION			
Principal Place of Business 7881 WEST 29 WAY APT 202 HIALEAH, FL 33018		Mailing Address 7881 WEST 29 WAY APT 202 HIALEAH, FL 33018	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CALANA, NANCY 7881 WEST 29 WAY APT 202 HIALEAH, FL 33018		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<p>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.</p> <p>SIGNATURE _____ DATE _____</p> <p><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small></p>			
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALANA, NANCY	NAME	
STREET ADDRESS	7881 WEST 29 WAY APT 202	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33018	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORENO, REINERIO	NAME	
STREET ADDRESS	7881 WEST 29 WAY APT 202	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33018	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<p>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.</p>			
<p>SIGNATURE: <i>X [Signature]</i></p> <p><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></p>		<p><i>04/05/06</i> <i>786-217-2562</i></p> <p><small>Date Daytime Phone #</small></p>	

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03022006 Chg-P CR2E034 (11/05)

4. FEI Number **20-4175213** ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required