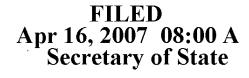
2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000165205 FLORIDA SHIPPING GROUP, INC. Principal Place of Business Mailing Address **100 SW ALBANY AVENUE 100 SW ALBANY AVENUE** SUITE 300







STUART, FL 34994



DO NOT WRITE IN THIS SPACE

04102007 No Chg-P CR2E034 (11/05) Applied For

4. FEI Number

90-0259156 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

ZARRO, PASQUALE 100 SW ALBANY AVENUE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

STUART, FL 34994

DO NOT WRITE

SUITE 300 STUART,				IN ⁻	THIS SPACE
	named entity submits this statement for the plions of registered agent.	ourpose of changing its register	I ed office ar r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			<u>'</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO ZARRO, PASQUALE 100 SW ALBANY AVENUE #300 STUART, FL 34994				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO LARGE, LEWIS 1379 SW VICUNA LANE PORT ST. LUCIE, FL				U00000707442 04/24/07-80074-018 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR