

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000167047 1. Entity Name OLYMPIC MARINE USA CORPORATION		 401609400	
Principal Place of Business 1200 N. FEDERAL HIGHWAY SUITE 417 BOCA RATON, FL 33432		Mailing Address 1200 N. FEDERAL HIGHWAY SUITE 417 BOCA RATON, FL 33432	
2. Principal Place of Business - No P.O. Box # 2424 EAST LAS OLAS BLVD. Suite, Apt. #, etc. Suite C City & State FT LAUDERDALE Zip Florida		3. Mailing Address Idem Suite, Apt. #, etc. Idem City & State Idem Zip 33301	
Country USA		Country Idem	
4. FEI Number 204326855 NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent ROSETTO, BRUCE C 1200 N. FEDERAL HIGHWAY SUITE 417 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name SHELLY McQUADE Street Address (P.O. Box Number is Not Acceptable) 2424 EAST LAS OLAS BLVD Suite C City FT LAUDERDALE FL Zip Code 33301	
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 SHELLY McQUADE August 6th 2007 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCQUADE, SHELLY 2424 EAST LAS OLAS BLVD UNIT C FORT LAUDERDALE, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SHELLY McQUADE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		August 6 2007 326-3119 <small>Date Daytime Phone #</small>	