2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007
Secretary of State

DOCUMENT# P06000007108

Entity Name: SHIPYARD INTERNATIONAL SERVICE, INC.

Current Principal Place of Business:

1548 BRICKELL AVENUE
MIAMI, FL 33129 US

New Principal Place of Business:

Current Mailing Address:

1548 BRICKELL AVENUE
MIAMI, FL 33129 US

New Mailing Address:

FEI Number: 05-0631731 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERO SALUSSOLIA CORPORATE MANAGEMENT, INC
1548 BRICKELL AVENUE
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SORDA, GIUSEPPE S	
Address:	VIA ASSAROTTI 15 - 18 SC B	
City-St-Zip:	GENOVA, GE 16122 IT	
Title:	D	( ) Delete
Name:	RONCO, ROMEO	
Address:	VIA TAGLIOLINI, 26B	
City-St-Zip:	GENOVA, GE 16122 IT	
Title:	D	( ) Delete
Name:	BUSSI, PAOLO	
Address:	VICOLO DEL CASTAGNETO 11 TRIESTRE	
City-St-Zip:	TS, ITALY, OC 34010 IT	
Title:	D	( ) Delete
Name:	IEMMOLO, PIETRO	
Address:	VIA TOSCANA N. 2/A	
City-St-Zip:	PADOVA, PD 35100 IT	
Title:	AS	( ) Delete
Name:	BUSSI, PAOLA	
Address:	1548 BRICKELL AVENUE	
City-St-Zip:	MIAMI, FL 33129 US	
Title:	VP	( ) Delete
Name:	DITEL, CESARE	
Address:	1548 BRICKELL AVENUE	
City-St-Zip:	MIMAI, FL 33129	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SORDA GIUSEPPE P 03/15/2007

Electronic Signature of Signing Officer or Director — Date