2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000021901

Entity Name: MARINETEC MANAGEMENT COMPANY.

FILED Apr 28, 2007 Secretary of State

| Current Principal Place of Business: | | | New Principal Pla | New Principal Place of Business: | |
|---|---|----------------------------------|---|--|--|
| PO BOX 3703 ST AUGUSTINE, FL 32085 | | | 114 DORY RD ST AUGUSTINE, F | 114 DORY RD ST AUGUSTINE, FL 32086 | |
| Current M | lailing Addre | ess: | New Mailing Add | New Mailing Address: | |
| PO BOX 3 ST AUGU: | .703 STINE, FL 32 | 2085 | | | |
| FEI Number | : 57-1230736 | FEI Number Applied For () | FEI Number Not Applicable (| Certificate of Status Desired () | |
| Name and | l Address of | Current Registered Agent: | Name and Addres | Name and Address of New Registered Agent: | |
| 114 DORY | N, PAMELA 'RD STINE, FL 32 | 2086 US | | | |
| | e named entity e of Florida. | submits this statement for the p | ourpose of changing its regist | tered office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electro | onic Signature of Registered Age | ent | Date | |
| Election Car | mpaign Financii | ng Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHA | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD (LENDZION, P. PO BOX 3703 ST AUGUSTIN | ; | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SD (LENDZION, K PO BOX 3703 ST AUGUSTIN | ; | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | TD (LENDZION, JO 143 FIRESIDE FALMOUTH, M | E RD | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify 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: PAMELA LENDZION PD 04/28/2007