

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000030552

FILED  
Feb 05, 2007  
Secretary of State

Entity Name: AMERI TRADE & MARINE SERVICES, INC.

## Current Principal Place of Business:

3123 PINE TOP DR.  
VALRICO, FL 33594

## New Principal Place of Business:

347 SUMMER SAILS DR  
VALRICO, FL 33594

## Current Mailing Address:

3123 PINE TOP DR.  
VALRICO, FL 33594

## New Mailing Address:

347 SUMMER SAILS DR  
VALRICO, FL 33594

FEI Number: 20-4404709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BOVELL, KEIRON T  
3123 PINE TOP DR.  
VALRICO, FL 33594 US

## Name and Address of New Registered Agent:

BOVELL, KEIRON T  
347 SUMMER SAILS DR  
VALRICO, FL 33594 US

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:

02/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BOVELL, KEIRON T  
Address: 3123 PINE TOP DR.  
City-St-Zip: VALRICO, FL 33594

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M (X) Change ( ) Addition  
Name: BOVELL, KEIRON T  
Address: 347 SUMMER SAILS DR  
City-St-Zip: VALRICO, FL 33594

Title: P ( ) Change (X) Addition  
Name: BOVELL, DESIREE A  
Address: 347 SUMMER SAILS DR  
City-St-Zip: VALRICO, FL 33594

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: KEIRON T BOVELL

M

02/05/2007

Electronic Signature of Signing Officer or Director

Date