2008 FOR PROFIT CORPORATION

Feb 01, 2008 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P06000033328 1. Entity Name SPW MARINE ENTERPRISES, INC. Principal Place of Business Mailing Address 3642 NE 171 ST #206 3642 NE 171 ST #206 N. MIAMI BEACH, FL 33160 N. MIAMI BEACH, FL 33160 01262008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 20-4457903 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORAITIS, GEORGE DO NOT WRITE 16919 NW 57TH AVE MIAMI, FL 33055 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE WENGER, STEVEN P NAME STREET ADDRESS 3642 NE 171 ST #206 CITY-ST-ZIP N. MIAMI BEACH, FL 33160 ′08/′08-80071-001 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven PWan

786 3995469

Daytime Phone #

FILED