2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P06000100208

Entity Name: DEBOAT'S MARINE, INC.

Current Principal Place of Business:

1517 S.W. SANTANDER AVENUE
PORT ST LUCIE, FL 34953

New Principal Place of Business:

912 SW MCCOMKLE AVE
PORT ST LUCIE, FL 34953

Current Mailing Address:

1517 S.W. SANTANDER AVENUE
PORT ST LUCIE, FL 34953

New Mailing Address:

(!@ SW MCCOMKLE AVE
PORT ST LUCIE, FL 34953

FEI Number: 20-5291576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEBOLT, DOUGLAS
1517 S.W. SANTANDER AVENUE
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

DEBOLT, DOUGLAS
(!@ SW MCCOMKLE AVE
PORT ST LUCIE, FL 34953 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: DOUGLAS DEBOLT 04/30/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DEBOLT, DOUGLAS
Address: 1517 S.W. SANTANDER AVENUE
City-St-Zip: PORT ST LUCIE, FL 34953

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: DEBOLT, ANTHONY
Address: 912 SW MCCOMKLE AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: V.P. ( ) Change (X) Addition
Name: DEBOLT, BRIAN
Address: 912 SW MCCOMKLE AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: TRES ( ) Change (X) Addition
Name: DEBOLT, DOUGLAS
Address: 912 SWMCCOMKLE AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: SECR ( ) Change (X) Addition
Name: DEBOLT, IVADELLE
Address: 912 SW MCCOMKLE AVE
City-St-Zip: PORT ST LUCIE, FL 34953

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: IVADELLE DEBOLT SECR 04/30/2007
Electronic Signature of Signing Officer or Director Date