2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000016487

1675 MARS STREET

MERRITT ISLAND, FL 32953 US

Address: City-St-Zip: FILED Mar 07, 2008 Secretary of State

Entity Nan	1e: OHANA MAR	INE SERVICES, INC.			
Current Principal Place of Business:			New Principal Place	of Business:	
1675 MARS MERRITT I	S STREET SLAND, FL 32953	3 US			
Current Ma	ailing Address:		New Mailing Address	New Mailing Address:	
1675 MARS MERRITT I	SSTREET SLAND, FL 32953	3 US			
FEI Number:	20-8732930 FE	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Curre	ent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
ANDERSON, KATHRYN D ESQ 7165 MURRELL ROAD SUITE 101 MELBOURNE, FL 32940 US			1675 MARS STREET	ANDERSON, KATHRYN D ESQ 1675 MARS STREET MERRITT ISLAND, FL 32953 US	
The above in the State		nits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: KATHRYN D ANDERSON				03/07/2008	
	Electronic Si	ignature of Registered Age	nt	Date	
Election Carr	paign Financing Tru	st Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Dele ANDERSON, KEVIN 1675 MARS STREET MERRITT ISLAND, F	S r	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Dele ANDERSON, KATHR 1675 MARS STREET MERRITT ISLAND, F	YN D T	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S () Dele		Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: KEVIN S ANDERSON P 03/07/2008