


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

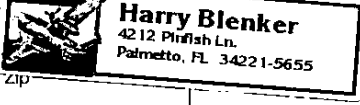
**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**


02-11-2008 90048 050 \*\*\*150.00


<b>DOCUMENT # P07000047860</b>	
1. Entity Name <b>QUALITY MARINE CONSTRUCTION INC</b>	

Principal Place of Business <b>1720 MANATEE AVE W BRADENTON, FL 34205</b> <i>Change</i>	Mailing Address <b>1720 MANATEE AVE W BRADENTON, FL 34205</b> <i>Change</i>
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2. Principal Place of Business - No P.O. Box # <b>1811 10th St W</b>	3. Mailing Address <b>1811 10th St W</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Palmetto FL</b>	 <b>Harry Blenker</b> 4212 Pinfish Ln. Palmetto, FL 34221-5655
Zip <b>34221</b>	Country <b>USA</b>

	
02072008	Chg-P CR2E034 (12/06)
4. FEI Number	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BLENKER, HARRY L 1720 MANATEE AVE W BRADENTON, FL 34205</b> <i>Change</i>	
 <b>Harry Blenker</b> 4212 Pinfish Ln. Palmetto, FL 34221-5655	

7. Name and Address of New Registered Agent	
Name	
Street Address	
City	<b>FL</b> Zip Code

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 <i>[Signature]</i>	DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BLENKER, HARRY L 1720 MANATEE AVE W BRADENTON, FL 34205</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BLENKER, HARRY L 1720 MANATEE AVE W BRADENTON, FL 34205</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
SIGNATURE: <i>[Signature]</i>	<b>2-6-08 (941) 812-2072</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	