2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000063726

Entity Name: CONTINENTAL SHIPPING, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11950 NEW KINGS ROAD 320 NORTH 1ST STREET, #702

JACKSONVILLE, FL 32219 US JACKSONVILLE BEACH, FL 32250 US

Current Mailing Address: New Mailing Address:

11950 NEW KINGS ROAD P. O. BOX 1899

JACKSONVILLE, FL 32219 US CALLAHAN, FL 32011 US

FEI Number: 26-0268693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

HOGAN, CHERI KOSTENSKI, SUZANNE 11950 NEW KINGS ROAD 320 NORTH 1ST STREET, #702

JACKSONVILLE BEACH, FL 32250 JACKSONVILLE, FL 32219 US 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: SUZANNE KOSTENSKI 04/30/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

VSD

Title:

Title: VSD (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

HOGAN, CHERI Name: Name: DESAI, BINA

11950 NEW KINGS ROAD 320 NORTH 1ST STREET, #702 Address: Address: City-St-Zip: JACKSONVILLE, FL 32219 US City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: Title: (X) Change () Addition () Delete

Name: KOSTENSKI, SUZANNE Name: KOSTENSKI, SUZANNE 11950 NEW KINGS ROAD 320 NORTH 1ST STREET, #702 Address: Address: JACKSONVILLE, FL 32219 US JACKSONVILLE BEACH, FL 32250 US City-St-Zip: City-St-Zip:

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.

Ρ SIGNATURE: SUZANNE KOSTENSKI 04/30/2008