2008 FOR PROFIT CORPORATION

FILED Mar 10, 2008 8:00 am **Secretary of State**

03-10-2008 90078 020 ***150.00

ANNUAL REPORT

SIGNATURE: MAN J MAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

DOCUMENT # P07000112475 TRINITY MARINE ELECTRIC, INC. 40042589 Principal Place of Business Mailing Address 50 KINDRED ST., SUITE 303 50 KINDRED ST., SUITE 303 STUART, FL 34994 STUART, FL 34994 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 528 SE Muray Move rcle SAME AS Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (12/06) 02152008 Chg-P City & State City & State 4. FEI Number Applied For 26-1253128 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUEST, JAMES M Street Address (P.O. Box Number is Not Acceptable) 50 KINDRED ST., SUITE 303 STUART, FL 34994 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) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** PVST TITLE Delete TITLE Addition YVES DENEAULT NAME DENEAULT, YVES NAME 4528 SE MURRAY CONE CIRCLE STREET ADDRESS 50 KINDRED ST., SUITE 303 STREET ADDRESS CITY-ST-ZIP STUART, FL 34994 CITY-ST-7IP <u>STUART FLORIDA 34997</u> THE ☐ Delete TITLE ☐ Addition NAME DENEAULT, YVES YNES DENEAULT HERE SE MURRAY CONE CIRCLE NAME STREET ADDRESS 50 KINDRED ST., SUITE 303 STREET ADDRESS STUART, FL 34994 CITY-ST-ZIP C(TY-ST-ZIP STUAKT. FLORIDA TITI F ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP TITLE Delete TITLE ☐ Change ∏ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 charged, or on an attachment with an address, with all other the empowered.

DENEAULT PRESIDENT 03/06/08