

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024755

Entity Name: PWC MARINE SOLUTIONS, INC.

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

801 DOUGLAS AVENUE  
SUITE 100  
ALTAMONTE SPRING, FL 32714

## New Principal Place of Business:

## Current Mailing Address:

801 DOUGLAS AVENUE  
SUITE 100  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

FEI Number: 26-2148805

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CIFERS, DOUG  
801 DOUGLAS AVENUE  
SUITE 100  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete  
Name: CIFERS, DOUG  
Address: 801 DOUGLAS AVENUE, SUITE 100  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD ( ) Change (X) Addition  
Name: STEFFY, CHARLES  
Address: 801 DOUGLAS AVENUE, SUITE 100  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S ( ) Change (X) Addition  
Name: CIFERS, KRISTEN  
Address: 801 DOUGLAS AVENUE, SUITE 100  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: KRISTEN CIFERS

S

04/20/2009

Electronic Signature of Signing Officer or Director

Date