2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000099010

Title:

Name:

Address: City-St-Zip: VΡ

SEAVEY, BILL H

TAMPA, FL 33619

(X) Delete

8263 CAUSEWAY BLVD, #E

FILED Jul 20, 2009 Secretary of State

Entity Name: AMARITIME NDT, INC. **Current Principal Place of Business: New Principal Place of Business:** 8263 CAUSEWAY BLVD SUITE E TAMPA, FL 33619 **New Mailing Address: Current Mailing Address:** 8263 CAUSEWAY BLVD SUITE E TAMPA, FL 33619 US FEI Number: 26-3699129 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEEBE, PERRY J 8263 CAUSEWAY BLVD SUITE E TAMPA, FL 33619 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BEEBE, PERRY J Name: Name: 8263 CAUSEWAY BLVD, #E Address: Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: Title: VΡ (X) Delete Title: () Change () Addition BEEBE, JANETTE M Name: Name: 8263 CAUSEWAY BLVD, #E Address: Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: Title:

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.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: PERRY J BEEBE 07/20/2009

() Change () Addition