2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2008 08:00 AN Secretary of State DOCUMENT # P93000065377 1. Entity Name JMH MARINE, INC. Principal Place of Business Mailing Address 800 S E 3RD AVE 800 S E 3RD AVE STE 301 STE 301 FT LAUDERDALE, FL 33316 FT LAUDERDALE, FL 33316 US 03282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEL Number 65-0434491 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARRISON, JOHN P DO NOT WRITE 800 S E 3RD AVENUE, STE 301 SUITE 300 IN THIS SPACE FT LAUDERDALE, FL 33316 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 1 am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature (squired when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. U00000913563 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME HARRISON, JOHN P STREET ADDRESS 800 SE 3RD AVENUE, STE 301 CITY ST-71P FT LAUDERDALE, FL 33316 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes, 1 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.15.08

FILED