## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** Jan 22, 2007 08:00 AM Secretary of State DOCUMENT # P94000053488 1. Entity Name INTERNATIONAL MARINE CONSULTING ASSOCIATES. INC. Principal Place of Business Mailing Address 4905 34TH STREET SOUTH - 49 1 4905 34TH STREET SOUTH SUITE 4000 ST PETERSBURG, FL 33711 **SUITE 4000** ST PETERSBURG, FL 33711 01172007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3265022 5. Certificate of Status Desired

**FILED** 

Applied For

\$8.75 Additional

Not Applicable

				5. Certificate	5. Certificate of Status Desired Fee Required		
6. Name and Address of Current Registered Agent							
ENGLANDER, LEONARD S ENGLANDER & FISCHER, P.A. 721 1ST AVENUE NORTH ST. PETERSBURG, FL 33701			DO NOT WRITE IN THIS SPACE				
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 registared agent and little if applicable, (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOWILL FEE 10 \$ 150.00		Election Campaign Finan     Trust Fund Contribution.		\$5.00 May Be Added to Fees		State Sec.	
10. OFFICERS AND DIRECTORS							
	, E C ATH STREET SOUTH #4000 TERSBURG, FL 33711		• ;		HAAAAACOO	oc	
STREET ADDRESS 4905 3	EILL, ROBERT ATH STREET SOUTH TERSBURG, FL 33711				0000005938 01/22/07-8004	8-004 150.00	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPAC	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<del></del>			
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 changed, or on an attachment with an address, with all other like empowered.							

SIGNATURE: E. Chuls E, CHARLES GAME 727/865-3444 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #