2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 21, 2008 08:00 A Secretary of State DOCUMENT # P94000074080 1. Entity Name HOLMES MARINE CONSULTING, INC. Principal Place of Business Mailing Address 10390 SANDY RUN RD. 10390 SANDY RUN RD. JUPITER, FL 33478 JUPITER, FL 33478 No Chg-P CR2E034 (11/05) 03192008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0530918 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AUSTIN, KEITH C JR. DO NOT WRITE 501 S. FLAGLER DR. SUITE 306 IN THIS SPACE WEST PALM BEACH, FL 33401 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 UGGDGGGGS898 OFFICERS AND DIRECTORS 10. 04/08/08-80006-018 150.00 TITLE NAME HOLMES, STEVEN C STREET ADDRESS 10390 SANDY RUN RD. CITY-ST-ZIP JUPITER, FL 33478 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

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 eath; that I am an officer or director of the corporation or the receiver of 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:

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

Steward Typed or Printed name of Bidning Officer or Director

BIONATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

DO NOT WRITE

IN THIS SPACE