



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 12, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P94000077254</b>		
1. Entity Name <b>CONNELL MARINE, INC.</b>		
Principal Place of Business <b>200 OCEAN LN DR. SUITE 608 KEY BISCAYNE, FL 33149 US</b>		Mailing Address <b>200 OCEAN LN DR. SUITE 608 KEY BISCAYNE, FL 33149 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>CONNELL, ROBERT A 200 OCEAN LN DR. SUITE 608 KEY BISCAYNE, FL 33149</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNELL, ROBERT A 200 OCEAN LN DR. KEY BISCAYNE, FL 33149	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNELL, PAMELA S 200 OCEAN LN DR KEY BSICYANE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 another one empowered.		
SIGNATURE:  <b>DRB</b> <b>1/7/06</b> <b>305-773-8659</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0497782</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

1100000383320  
01/12/06-80049-002 150.00

**DO NOT WRITE  
IN THIS SPACE**