## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000082132

Entity Name: SUNDANCE MARINE NORTH, INC

FILED Feb 05, 2009 Secretary of State

Entity Nan	ne: SUNDAN	ICE MARINE NORTH, INC.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	NDIAN RIVER EACH, FL 34					
Current Ma	ailing Addre	ss:	New Maili	New Mailing Address:		
3321 NW INDIAN RIVER DRIVE JENSEN BEACH, FL 34957 US				3321 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957 US		
FEI Number:	65-0534173	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
HAMAWAY, MICHAEL P 500 E. BROWARD BLVD. SUITE 1950 FT. LAUDERDALE, FL 33394 US			3321 NE IN SUITE 195	HAMAWAY, MICHAEL P 3321 NE INDIAN RIVER DRIVE SUITE 1950 JENSEN BEACH, FL 34957 US		
The above in the State		submits this statement for the pu	ırpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUR	RE:			02/05/2009		
Election Carr		nic Signature of Registered Ager g Trust Fund Contribution ( ).	nt		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VP ( MITCHELL, MI	) Delete LESI N RIVER DRIVE	Title: Name: Address: City-St-Zip:		()Change ()Addition	-
Title: Name: Address: City-St-Zip:	P ( CLAWGES, JC 1335 SE 16TH FT. LAUDERD/	STREET	Title: Name: Address: City-St-Zip:	CLAWGES, 1335 SE 161		
Title: Name: Address: City-St-Zip:	MILESI, JUDÎ	) Delete N RIVER DRIVE H, FL 34957	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address:	T ( CLAWGES, LC 1335 SE 16TH		Title: Name: Address:	T CLAWGES, 1335 SE 161		

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.

City-St-Zip: FT. LAUDERDALE, FL 34957

SIGNATURE: MITCHELL MILESI VP 02/05/2009

FT. LAUDERDALE, FL 33316

City-St-Zip: