2005 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED ANNUAL REPORT Mar 10, 2005 08:00 AM Secretary of State **DOCUMENT # P95000032094** HARPOON MARINE GROUP, INC. Principal Place of Business Mailing Address 16940 S.W. 119 AVE. 16940 S.W. 119 AVE. MIAMI, FL 33177 MIAMI, FL 33177 03082005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0590513 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BURGER, JED A ESQ. DO NOT WRITE GROVE PLAZA, SEVENTH FLOOR 2900 S.W. 28TH TERRACE IN THIS SPACE MIAMI, FL 33133 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, 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 IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HOLLAND, KEVIN C STREET ADDRESS 16940 S.W. 119 AVE. U00000258344 CITY-ST-ZIP MIAMI, FL 33177 03/10/05-80037-009 150.00 TITLE HOLLAND, DEBRA NAME STREET ADDRESS 16940 S.W. 119 AVE. CITY-ST-ZIP MIAMI, FL 33177 And Transfer of the first TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS City-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.