
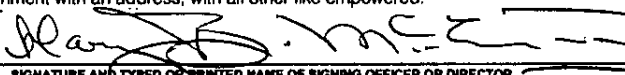


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P95000046282		
1. Entity Name OTTER MARINE CORPORATION		
Principal Place of Business 3021 DOCTORS LAKE DRIVE ORANGE PARK, FL 32073 US		Mailing Address 3021 DOCTORS LAKE DRIVE ORANGE PARK, FL 32073 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MCEUEN III, HARRY B 3021 DOCTORS LAKE DR ORANGE PARK, FL 32073		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS:		
TITLE	PD	
NAME	MCEUEN, HARRY B III	
STREET ADDRESS	3021 DOCTORS LAKE DR	
CITY-ST-ZIP	ORANGE PARK, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 all other like empowered.		
SIGNATURE: 		4-28-07 904-509-1736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



04282007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3317688	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

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