


2007 FOR PROFIT CORPORATION ANNUAL REPORT

06-13-2007 90005 001 ***150.00
SECRET 06-13-2007 90005 002 *****8.75
DIVISION OF CORPORATIONS

07 JUN 15 AM 8:29

DOCUMENT # P95000048940 1. Entity Name MARITIME CONSULTANTS LIMITED, INC.		
Principal Place of Business 16441 BLATT BLVD. 103 WESTON, FL 33326 US		Mailing Address 16441 BLATT BLVD. 103 WESTON, FL 33326 US
2. Principal Place of Business - No P.O. Box # SAME	3. Mailing Address Same	
Suite, Apt. #, etc. SAME	Suite, Apt. #, etc. Same	
City & State SAME	City & State Same	
Zip Same	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SCHEER, GEORGE L 10925 GOLLING AVE., #614 SUNNY ISLE BEACH, FL 33160		7. Name and Address of New Registered Agent Name JOSEPH, STANLEY R Street Address (P.O. Box Number is Not Acceptable) 16441 BLATT BLVD #103 City WESTON FL Zip Code 33326
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: <u>Stanley R. Joseph</u> DATE: <u>June 11, 2007</u> <small>Signature, typed or printed name of registered agent and if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD <input type="checkbox"/> Delete NAME JOSEPH, STANLEY R STREET ADDRESS 16441 BLATT BLVD. #103 CITY-ST-ZIP WESTON, FL 33326	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME N/O STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME <u>Joseph, Stanley R</u> STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: <u>Stanley R. Joseph</u> STANLEY R Joseph 6-11-07 954 3890622 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SENIOR OFFICER OR DIRECTOR Date Daytime Phone #</small>		