


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90048 010 ***150.00

DOCUMENT # P95000087982	
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1. Entity Name PORT SIDE MARINE, INC.	Principal Place of Business US HWY 1 MM23 CUDJIE KEY, FL 33042 US	Mailing Address P.O. BOX 420463 SUMMERLAND KEY, FL 33042
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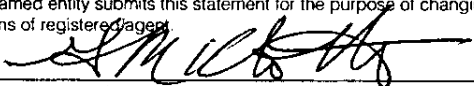
2. Principal Place of Business - No P.O. Box # 4025 CATTLEMEN RD # 140	3. Mailing Address 4025 CATTLEMEN RD # 140
Suite, Apt. #, etc. # 140	Suite, Apt. #, etc. # 140
City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34233	Country USA



01172008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0630043	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HORAN, EDWARD W 608 WHITEHEAD ST. KEY WEST, FL 33040	
7. Name and Address of New Registered Agent Name EDWARD W. HORAN Street Address (P.O. Box Number is Not Acceptable) 1020 E. LAFAYETTE ST. SUITE 110 City TALLAHASSEE FL Zip Code 32301	

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.

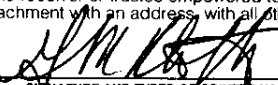
SIGNATURE:  DATE: **1/17/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLOTHAKIS, G. MARC 19 KEY HAVEN TERR. KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KLOTHAKIS, G. MARC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4173 LANAI DR. SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KLOTHAKIS, OLGA <input checked="" type="checkbox"/> Delete 19 KEY HAVEN TERR. KEY WEST, FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KLOTHAKIS, JASON <input checked="" type="checkbox"/> Delete 19 KEY HAVEN TERR. KEY WEST, FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **G. MARC KLOTHAKIS** DATE: **941-822-4648**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR