2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000097817

Entity Name: MARTIN COUNTY MARINE CORP.

FILED Nov 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1400 CHAPMAN WAY PALM CITY, FL 34990

Current Mailing Address: New Mailing Address:

1400 CHAPMAN WAY PALM CITY, FL 34990

FEI Number: 65-0634968 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NICKERSON, TOM

1400 CHAPMAN WAY
PALM CITY, FL 34990 US

BROWN, STEVEN
1400 CHAPMAN WAY
PALM CITY, FL 34990 US

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.

SIGNATURE: STEVEN BROWN 11/20/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DNP() Delete Title: (X) Change () Addition BROWN, STEVEN BROWN, STEVEN Name: Name: 1400 SW CHAPMAN WAY 1400 SW CHAPMAN WAY Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990

Title: D/ST () Delete Title: ST (X) Change () Addition Name: NICKERSON. CLAIRE Name: BROWN, STEVEN

 Name:
 NICKERSON, CLAIRE
 Name:
 BROWN, STEVEN

 Address:
 2039 SW BALATA TERRACE
 Address:
 1400 SW CHAPMAN WAY

 City-St-Zip:
 PALM CITY, FL 34990
 City-St-Zip:
 PALM CITY, FL 34990

Title: P (X) Delete Title: () Change () Addition

 Name:
 NICKERSON, THOMAS
 Name:

 Address:
 1400 SW CHAPMAN WAY
 Address:

 City-St-Zip:
 PALM CITY, FL 34990
 City-St-Zip:

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.

SIGNATURE: STEVEN BROWN PRES 11/20/2009