

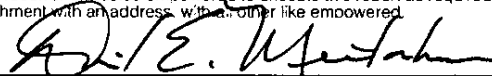


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90305 013 ***158.75

DOCUMENT # P96000057334 1. Entity Name MARICULTURE SYSTEMS, INC.					
Principal Place of Business 51 WEST DAYTON STREET SUITE 102 EDMONDS, WA 98020-4111			Mailing Address 51 WEST DAYTON STREET SUITE 102 EDMONDS, WA 98020-4111		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State City: LYNNWOOD, WA		City & State City: LYNNWOOD, WA		4. FEI Number 65-0677315	
Zip 98046		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARTZMAN, ROBERT Z 21560 TOLEDO ROAD BOCA RATON, FL 33433				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when re-instating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CCEO MEILAHN, DAVID E 7219 196TH ST. SW, #C3 LYNNWOOD, WA 980364402	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LUCE, RICHARD J 20105 27TH STREET SE SNOHOMISH, WA 98290	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONAS, DON N 5023 CLAREMONT WAY EVERETT, WA 98203	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JANECZKO, ROBERT J 525 WEDGEWOOD TERRACE METAMORA, IL 61548	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WEBSTER, GEORGE R 16355 DENSMORE AVE., N. SHORELINE, WA 98133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ATHANAS, BARBARA J 2905 152ND PLACE SE MILL CREEK, WA 98012	<input type="checkbox"/> Delete			
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 another like empowered.					
SIGNATURE: 		13 APR 05 (425) 778-5975			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			