2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2005 08:00 AM Secretary of State

239-454-1777

Daytime Phone ¥

DOCUMENT # P9700002366 1. Entity Name PARAMOUNT MARINE, INC.		69			Sec	cretary of Stat
Principal Place	e of Business	Mailing Address	1 , 	1		
1,6310 SAN (CARLOS BLVD	16310 SAN CARLOS BLVD		ĺ		
UNIT 2	E 22000 US	UNIT 2 FORT MYERS, FL 33908 U	e	1		
YUNI MICHS	, FL 33908 _ US	FORT MYERS, FL 33908 U	3			
Transact	O NOT WRITE		CE	01262005	No Chg-P	CR2E034 (10/03) Applied For
्राम्बरम् ग ्राह्मस	THE THE PERSON NAMED IN TH			65-073		Not Applicable
្រាក់ ព្រះបើក្រុង នេះ ក្រក់ ក្រក់ ក្រុំ ក្រក់ ក្រក់ ក្រុំ ក្រក់ ក្រក់ ក្រ				5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re 3, JOHN AN CARLOS BLVD ERS, FL 33908	gistered Agent			NOT W	
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 Signature, typod or printed name of registered agent and title if applicable. (NOTE. Registered Agent agrature required when renotating) DATE						
	E NOW!!! FEE IS \$150.00 by 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees		
10.	OFFICERS AND DI	RECTORS	" " " " " " " " " " " " " " " " " " " "	全面有一个	erra errar	
TITLE NAME	D EDWARDS, JOHN V					
STREET ADDRESS	17429 MEADOWLAKE CIRCLE					
CITY-5T-ZIP	FORT MYERS, FL 33704			101111		
TITLE				有一种的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人		0205178 -80034-016 150,00
NAME STREET ADDRESS					111/11/10	-80034 -010 1.30 W
City-ST-ZIP			2 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			
TITLE				2. 2. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.		
NAME (タイクル 資本 を定用されます。			
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	文件中的基本的企業的企業的 用了E 的现在分类 1000年中间在基本证据
TITLE			and the registration of			or to be a design that
NAME			· · · · · · · · · · · · · · · · · · ·	THIN.	THIS SP	ACE
STREET ADDRESS			This, Make			
CITY-ST-ZIP			4 3 8 4 5 G			
TITLE NAME			· 一、	· 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
STREET ADDRESS						
CITY-ST-ZIP			· 一种 · 中華			
TITLE			Series of the se			
NAME STREET ADDRESS						
CITY-ST-ZIP	,		4. 多数			
TITLE NAME STREET ADDRESS CITY -ST - ZIP 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 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 cath; that I am an officer or clirector 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 altachment with an address, with all other like empowered.						

SIGNATING AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

SIGNATURE: