2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000041562

SEABULK OFFSHORE DUBAI, INC.



Principal Place of Business

2200 ELLER DRIVE BLDG. 27 FORT LAUDERDALE, FL 33316 Mailing Address

POST OFFICE BOX 13038 LEGAL DEPT FORT LAUDERDALE, FL 33316

FILED

Apr 25, 2005 08:00 AM Secretary of State



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01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0804816

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TWAITS, ALAN R 2200 ELLER DRIVE BLDG. 27 FORT LAUDERDALE, FL 33316

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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 Fiorida. I am familiar with, and accept the obligations of registered agent					
SIGNATURE Signature, based or printed nems of registered agent and title if apolicable (NOTE Registered Agent signature required when reinstating) DATE					
Signature, special printing reacts or registrated again and main advantable.					
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	CPD				
NAME	KURZ, GERHARD E	j	•		
STREET ADDRESS	2200 ELLER DR	i			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		:		UQ0Q00330570
TITLE	VSD				04/25/05-80168-013 150.00
NAME	FINCH, STEPHEN B				84/59/02_00100_017 inches
STREET ADDRESS	220 ELLER DR				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316				
TITLE	VD				+

DO NOT WRITE IN THIS SPACE

FORT LAUDERDALE, FL 33316 CITY-ST-ZIP TITLE SVD NAME TWAITS, ALAN R 2200 ELLER DRIVE BLDG 27 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33316 DESOSTOA, VINCENT J NAME STREET ADDRESS 2200 ELLER DR CITY-ST-ZIP FORT LAUDERDALE, FL 33316 TITLE SVP FRANCOIS, LARRY D NAME 2200 ELLER DR STREET ADDRESS

FORT LAUDERDALE, FL 33316

FINCH, STEPHEN B

2200 ELLER DR

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 all other like empowered.

SIGNATURE: _

CITY - ST - ZIP

TITLE NAME

STREET ADDRESS

Stephen B. Finch

4/18/05