

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2006 8:00 am
Secretary of State

04-28-2006 90147 049 ***150.00

DOCUMENT # P97000077382	
1. Entity Name NEUROLEPT MARINE, INC.	

Principal Place of Business 2520 SE 7 DR. POMPANO BEACH, FL 33062	Mailing Address 12 SOLEBAY MTN RD NEW HOPE, PA 18963 US
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DO NOT WRITE IN THIS SPACE

66017606



04102008 No Chg-P CR2E034 (11/05)

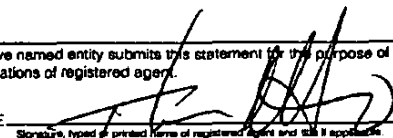
4. FEI Number 65-0783382	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**COSTELLO, THOMAS P JR.
2520 SE 7 DR.
POMPANO BEACH, FL 33062**

**DO NOT WRITE
IN THIS SPACE**

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  4-14-06 DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

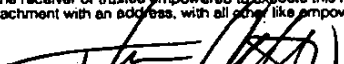
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST COSTELLO, THOMAS P JR. 12 SOLEBURY MOUNTAIN RD. NEW HOPE, PA 18963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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:  THOMAS COSTELLO 4-14-06 DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR