2006 FOR PROFIT CORPORATION

of the corporation or the re-

SIGNATURE:

Feb 15, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P98000009477 1. Entity Name O'BRIEN MARINE SERVICES, INC. Mailing Address Principal Place of Business 2437 GULFSTREAM LANE 2437 GULFSTREAM LANE FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0813152 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Recuired 6. Name and Address of Current Registered Agent LIVOTI, ANTHONY M JR DO NOT WRITE 721 N.E. 3RD AVENUE FORT LAUDERDALE, FL 33304 IN THIS SPACE 5. 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. (NOTE: flegistered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. VPS TITLE O'BRIEN, JENNIFER NAME 2437 GULFSTREAM LANE STREET ACCRESS City-ST-ZIP FORT LAUDERDALE, FL 33312 U00000434935 02/25/06 80024-017 150.00 TUTE F NAME O'BRIEN, CHRIS STREET ADDRESS 2437 GULFSTREAM LANE CHY-ST-ZIP FORT LAUDERDALE, FC 33312 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS GITY-ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP nation supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information polemental 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 iver in trustee disposed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with an address, with all bihardike empowered 12. I hereby certify that the information indicated on this report or s

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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