

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000041774

FILED
Apr 19, 2004
Secretary of State

Entity Name: INNOVATIVE MARINE TECHNOLOGIES, INC.

Current Principal Place of Business:

3500 ALOMA AVENUE
8W
WINTER PARK, FL 32792 US

New Principal Place of Business:

6450 UNIVERSITY BLVD.
SUITE 1
WINTER PARK, FL 32792 US

Current Mailing Address:

PO BOX 677478
ORLANDO, FL 328677478 US

New Mailing Address:

FEI Number: 59-3517780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELBERS, GARY M
8626 PORT SAID STREET
ORLANDO, FL 32817

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ELBERS, GARY M
Address: 8626 PORT SAID STREET
City-St-Zip: ORLANDO, FL 32817

Title: VTS () Delete
Name: ELBERS, JULIE A
Address: 8626 PORT SAID STREET
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY M ELBERS

D

04/19/2004

Electronic Signature of Signing Officer or Director

_____ Date