2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 04, 2007 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P98000044553 BLACK TIE MARINE DETAIL, INC. Mailing Address Principal Place of Business 1508 NE 18TH STREET 113 N. FEDERAL HWY. FORT LAUDERDALE, FL 33305 **DANIA, FL 33004** No Chg-P CR2E034 (11/05) 04302007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0856345 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ADAMS, GERALD J DO NOT WRITE 113 N FEDERAL HWY **DANIA, FL 33004** 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_ DATE Signature, typad or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PVSD TITLE GUINEY, ANGUS NAME 1508 NE 18TH STREET STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33305 TITLE KINLON, BARRY NAME STREET ADDRESS 1508 NE 18TH STREET CITY-ST-ZIP FORT LAUDERDALE, FL 33305 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 of trustee mpowered 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 attacement are address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07

Daytime Phon

FILED