## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000042612

MADITIME TOUGH INC

CHICAGO, IL 60611

City-St-Zip:

FILED Jan 20, 2006 Secretary of State

Entity Name: MARITIME TRUST, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
505 E.ILLIN SUITE 1 CHICAGO,	IOIS STREE	T US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
505 E. ILLII SUITE 1 CHICAGO,		US			
FEI Number:	59-3583456	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
DEMARIANO, PAUL D 619 HARBOR AVE ELLENTON, FL 34222 US			1201 HAYS ST.	CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301 US	
The above in the State		y submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: BRIAN COURTNEY				01/20/2006	
	Electr	onic Signature of Registered Age	ent	Date	
Election Can	npaign Financ	ing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MEERS, ALE	OS ST,STE ONE	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	FREEMAN, F	OS ST,STE ONE	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	MEERS, ROI	OS ST,STE ONE	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address:	BENDLE, SU	()Delete SAN C DS ST,STE ONE	Title: ( Name: Address:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: SUSAN C. BENDLE ST 01/20/2006