2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 03, 2007
Secretary of State

DOCUMENT# P99000110213

Entity Name: SALVAGE MANAGEMENT COMPANY, INC.

Current Principal Place of Business:

200 GREENE STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

200 GREENE STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0966593 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FISHER, KIM
200 GREENE STREET
KEY WEST, FL 33040 US

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FISHER, KIM
Address: 200 GREENE STREET
City-St-Zip: KEY WEST, FL 33040

Title: ST ( ) Delete
Name: FISHER-ABT, TAFFI
Address: 200 GREENE STREET
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPST (X) Change ( ) Addition
Name: FISHER-ABT, TAFFI
Address: 200 GREENE STREET
City-St-Zip: KEY WEST, FL 33040

Title: VP ( ) Change (X) Addition
Name: FISHER, SEAN
Address: 200 GREENE STREET
City-St-Zip: KEY WEST, FL 33040

Title: A ST ( ) Change (X) Addition
Name: FISHER, SEAN
Address: 200 GREENE STREET
City-St-Zip: KEY WEST, FL 33040

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

SIGNATURE: KIM FISHER P 10/03/2007

Electronic Signature of Signing Officer or Director Date