2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 01, 2006 08:00 Al Secretary of State

Daytime Phone #

1. Entity Nam	MENT # S19880 ARINE, INC.				Secretary of State
Principal Plac 8283 CHELL PENSACOLA,	E ROAD .	Mailing Address 8283 CHELLE ROAD PENSACOLA, FL 32526			•
DO NOT WRITE IN THIS SPACE				01242006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For	
			4. FEI Number Applied For 59-3043433 Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required		
TOMLIN, E 8283 CHE PENSACC		stered Agent	DO NOT WRITE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			nding \$5	.00 May Be led to Fees	U00000545370 05/11/06-80074-023 150.00
10. YITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRE DP TOMLIN, RICHARD 8283 CHELLE RD PENSACOLA, FL 32526 DVT TOMLIN, MARY 8283 CHELLE RD	CTORS		· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PENSACOLA, FL 32526				NOT WRITE THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP		7 		111	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NAME OF THE PARTY			
 i hereby of indicated of the corchanged. 	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empowers or on an attachment with an address, with a	filling does not qualify for the exe and accurate and that my signat id to execute this report as requi- ill other like empowered.	emptions contained ture shall have the red by Chapter 607	f in Chapter 11s same legal effec f, Florida Statute	9. Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if