

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 MAY 11 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05072007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # S50929</b> 1. Entity Name <b>NEW NAUTICAL COATINGS, INC.</b>					
Principal Place of Business <b>14805 49TH ST. N CLEARWATER, FL 33762</b>			Mailing Address <b>14805 49TH ST. N CLEARWATER, FL 33762</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-3073054</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>NORRIE, DAVID 2181 34TH WAY LARGO, FL 33771</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____	
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>NORRIE, JOHN</b> <input type="checkbox"/> Delete <b>8972 BAYWOOD PARK DRIVE</b> <b>SEMINOLE, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Tommy Craft</b> <b>14805 49th St. N</b> <b>Clearwater FL 33762</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>NORRIE, DAVID</b> <b>2181 34TH WAY</b> <b>LARGO, FL 33771</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C.E.</b> <input type="checkbox"/> Delete <b>NORRIE, ERIK</b> <b>10637 HARBORSIDE DR.</b> <b>LARGO, FL 33773</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800103095188</b> <b>05/23/07--01012--018 **61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>HERNANDEZ, CARA</b> <b>8848 HERSHEY LANE</b> <b>SEMINOLE, FL 33777</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>GARVER, CLYDE</b> <b>1255 STARKEY RD</b> <b>LARGO, FL 34641</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>REVIE, JASON</b> <b>14805 49TH STREET NORTH</b> <b>CLEARWATER, FL 33762</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 or trustee empowered 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 attachment with an address with all other like empowered					
<b>SIGNATURE:</b>			<b>David Norrie</b> <b>5/9/07</b> <b>523-8053</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>		