


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90019 013 \*\*\*150.00

<b>DOCUMENT # S51170</b>	
1. Entity Name <b>STELLA MARINE, INC.</b>	

Principal Place of Business <b>250 SW MONTEREY RD. STUART, FL 34994 US</b>	Mailing Address <b>250 SW MONTEREY RD. STUART, FL 34994 US</b>
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2. Principal Place of Business	3. Mailing Address <b>2361 PGA Blvd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>Palm Beach Gardens FL</b>
Zip	Country <b>33410 USA</b>

	
02172004 Chg-P	CR2E034 (10/03)
4. FEI Number <b>59-3065263</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

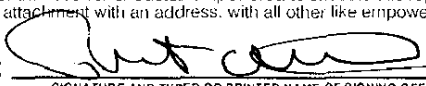
6. Name and Address of Current Registered Agent <b>BASS, DONALD L 7166 OSPREY ST. HOBE SOUND, FL 33455</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 _____	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STELLA, ROBERT C</b>	NAME	
STREET ADDRESS	<b>720 MARITIME WAY</b>	STREET ADDRESS	
CITY ST ZIP	<b>PALM BEACH GARDENS, FL 33410</b>	CITY ST ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCNULTY, ANGELA L</b>	NAME	
STREET ADDRESS	<b>403 WOODVIEW CR.</b>	STREET ADDRESS	
CITY ST ZIP	<b>PALM BEACH GDNS., FL 33418</b>	CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	
SIGNATURE: 	<b>4/15/04</b> <b>(561) 624-9950</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	