## 2006 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Jan-27, 2006 08:00 AN **DOCUMENT # S51305 Secretary of State** 1. Entity Name SHORELINE MARINE FUEL DELIVERY, INC. Principal Place of Business Mailing Address PO BOX 563097 7950 NORTHWEST 58 STREET MIAMI, FL 33166 MIAMI, FL 33256-3097 US 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0261687 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent JOHNSTON, STEVE DO NOT WRITE 12640 SW 69 COURT MIAMI, FL 33156 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 register 1/6/00 SIGNATURE. (NOTE, Registered Agent signature required when reinstating) Signature, typed or efficied name of registered agent and title if applicable U00000403241 02/03/06-80040-013 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE JOHNSTON, STEVE NAME 12640 SW 69 CT STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 written address, with all other like empowered.

SIGNATURE:

CITY ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR