


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90241 025 ***150.00

DOCUMENT # S61527 1. Entity Name MARINE HARDWARE SPECIALTIES, INC.																													
Principal Place of Business 1500 WEST COPANS ROAD BAY 27 POMPANO BEACH FL 33064 US			Mailing Address 3853 COCONUT RD LAKE WORTH FL 33461 <i>SAME</i> US																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>1500 West Copans Rd.</i> Suite, Apt. #, etc. <i>#27</i>																											
City & State Zip		City & State <i>Pompano Beach, FL</i> Zip <i>33064</i>		4. FEI Number 65-0268015																									
Country <i>US</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable																									
6. Name and Address of Current Registered Agent PRESCHER, NANCY 3853 COCONUT RD <i>SAME</i> LAKE WORTH FL 33401			7. Name and Address of New Registered Agent Name <i>Nancy Prescher</i> Street Address (P.O. Box Number is Not Acceptable) <i>2461 SW 1st Ave Apt 27</i> <i>1500 W Copans Rd #27</i> City <i>Pompano Bch</i> FL Zip Code <i>33064</i>																										
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 <i>Nancy Prescher</i> (NOTE: Registered Agent signature required when reconstituting) DATE <i>4-15-06</i>																													
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">PT <input type="checkbox"/> Delete</td> <td style="width:30%;">NAME</td> <td style="width:30%;">PRESCHER, NANCY</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>1500 W COPANS RD BAY #27</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>POMPANO BEACH FL 33064</td> </tr> </table>			TITLE	PT <input type="checkbox"/> Delete	NAME	PRESCHER, NANCY	STREET ADDRESS			1500 W COPANS RD BAY #27	CITY-ST-ZIP			POMPANO BEACH FL 33064	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width:30%;">NAME</td> <td style="width:30%;"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS				CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.																													
SIGNATURE: <i>Nancy Prescher</i> NANCY PRESCHER <i>4-15-06</i> <i>954 938 2090</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													