


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2007 08:00 AM
Secretary of State

DOCUMENT # V18161 1. Entity Name MARINE REPAIR, INC.	
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Principal Place of Business 101-1C ROYAL PARK DR FT LAUDERDALE, FL 33309	Mailing Address 101-1C ROYAL PARK DR FT LAUDERDALE, FL 33309
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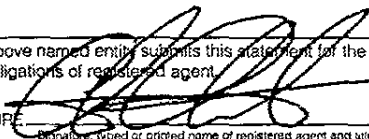
DO NOT WRITE IN THIS SPACE



07092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0313234	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

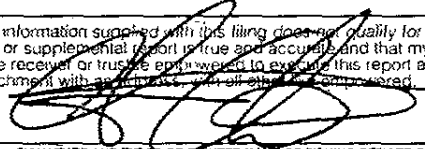
6. Name and Address of Current Registered Agent ARCHER, CHRISTOPHER PHILIP 101-1C ROYAL PARK DR FT LAUDERDALE, FL 33309	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  CHRISTOPHER ARCHER, REGISTERED AGENT 7/9/2007 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small> DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVPT ARCHER, CHRISTOPHER P. 101-1C ROYAL PARK DR FT LAUDERDALE, FL 33309
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07/12/07-80002-012 150.00

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 affidavit with all other changes covered.
SIGNATURE:  7/9/2007 954.260.2188 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>

**DO NOT WRITE
IN THIS SPACE**