2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 25, 2008 08:00 AM Secretary of State DOCUMENT # V44496 1. Entity Name HI-TEK MARINE SYSTEMS II INC. Principal Place of Business Mailing Address 8402 SE ROYAL STREET HOBE SOUND FL 33455 8402 SE ROYAL STREET HOBE SOUND FL 33455 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite Apt #, etc 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 65-0346908 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERGER, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 8402 SE ROYAL ST HOBE SOUND FL 33455 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 Signature, typed or printed leaner of regingred agent and title Tumpficable. MOTE Registered Agent a grature required where reinstatting DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution: " [Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Dølete THUE ___ Change Addition BERGER, ROBERT S MARIE NAME STREET ADDRESS STREET ADDRESS 8402 SE ROYAL ST CITY - ST- 7IP HOBE SOUND FL 33455 CITY-ST-7IP U00000835910 Change TITLE ☐ Delete TITLE Addition 02/29/08-80052-023 150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP mu □ Detete ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition MAME NAME STREET ADDRESS STREET ADDRESS SITY-S1-2IP CHY+ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME MAAR STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-SI-ZIE TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP

12. Thereby 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

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

21/08 561-248:5642 Dayson France #