

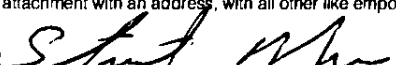


FILED
Apr 10, 2008 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # V44925 1. Entity Name STUART MARINE ELECTRIC, INC.</div><div style="text-align: center;"></div></div>		<div style="display: flex; justify-content: space-between;"><div>APR 10, 2008 08:00</div><div>Secretary of State</div></div>																			
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business 3470 SE DIXIE HWY STUART, FL 34997</div><div>Mailing Address 3470 SE DIXIE HWY STUART, FL 34997</div></div>		<div style="text-align: center;"></div> <div style="display: flex; justify-content: space-between;"><div>04082008</div><div>No Chg-P</div><div>CR2E034 (11/05)</div></div>																			
<h2>DO NOT WRITE IN THIS SPACE</h2>		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:80%;">4. FEI Number 65-0342623</td><td style="width:20%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 65-0342623	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required															
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6. Name and Address of Current Registered Agent MUIR, STUART 3470 SE DIXIE HWY STUART, FL 34997		<h2>DO NOT WRITE IN THIS SPACE</h2>																			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE _____</small>																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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:10%;">TITLE</td><td style="width:10%;">NAME</td><td style="width:80%;">P,D MUIR, STUART 3470 SE DIXIE HWY STUART, FL 34997</td></tr><tr><td>TITLE</td><td>NAME</td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td></td></tr><tr><td>TITLE</td><td>NAME</td><td></td></tr></table>		TITLE	NAME	P,D MUIR, STUART 3470 SE DIXIE HWY STUART, FL 34997	TITLE	NAME		TITLE	NAME		TITLE	NAME		TITLE	NAME		TITLE	NAME		<h2>DO NOT WRITE IN THIS SPACE</h2>	
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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 address, with all other like empowered.																					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"><div>STUART Muir</div><div>4-8-08</div><div>772-283-3532</div></div> <div style="display: flex; justify-content: space-between;"><div><small>Date</small></div><div><small>Daytime Phone #</small></div></div>																			