2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006045

1301 L'ORIENT ST

SAINT PAUL, MN 55117

Address: City-St-Zip:

Entity Name: KATHARINE MARINE SERVICES LTD

FILED Jan 31, 2007 Secretary of State

Entity Na	me: KATHAF	RINE MARINE SERVICES LTD	. CORP.		
Current Principal Place of Business:			New Principal Place	e of Business:	
1301 L'OR SAINT PAI	RIENT ST UL, MN 5511	7			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1301 L'OR SAINT PAI	RIENT ST UL, MN 5511	7			
FEI Number	: 98-0213795	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
HAFT, STUART J ESQ. 321 ROYAL POINCIANA PLAZA, SOUTH PALM BEACH, FL 33480 US			340 RÓYAL POINCIA SUITE 321	HAFT, STUART J ESQ. 340 ROYAL POINCIANA WAY SUITE 321 PALM BEACH, FL 33480 US	
	e named entity e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATURE:				01/31/2007	
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CAMPBELL D BANK OF NO) Delete IRECTORS L, IMITED VA SCOTIA BLDG., BOX 884 IAN, CAYMAN ISLANDS,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CAMPBELL S BANK OF NO) Delete ECRETARIES, LIMITED VA SCOTIA BLDG., BOX 884 IAN, CAYMAN ISLANDS,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	V (BATES, VICKI) Delete E	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: VICKIE BATES V 01/31/2007