Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). 2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		uance wit	ii the instructions to the Form 5500-	ЭF.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/20	<u> 11 </u>	and ending 12/	31/2	<u>2011</u>		
A	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participar	nt plan	
В	This return/report is: the first return/report	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 mon	ths)	_		
C	Check box if filing under: Form 5558	automatio	extension		DFVC program		
	special extension (enter descripti	on)					
Pa	art II Basic Plan Information—enter all requested inform	nation					
1a	Name of plan		'		Three-digit		
TTS	MARINE, INC. 401(K) PLAN				plan number		
			<u> </u>	4 -	(PN) •	001	
				IC	Effective date of pl 01/01/20		
	Plan sponsor's name and address; include room or suite number (employer, it	for a single-employer plan)	2b	Employer Identifica		er
115	MARINE, INC.				(EIN) 54-1105		
			2	2c	Sponsor's telepho	ne number	
	S NORTH POWERLINE ROAD TE 410		 	24			· o)
	AUDERDALE, FL 33309		1	Zu	Business code (se 541330	e mstruction	15)
3a	Plan administrator's name and address (if same as plan sponsor, e	lan administrator's name and address (if same as plan sponsor, enter "Same")				1	
TTS	MARINE, INC. 6555 NORTI SUITE 410			30	54-1105 Administrator's tele		her
	FT. LAUDERDALE, FL 33309				954-493-6		DCI
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	last return/	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name			4c	PN		
	Total number of participants at the beginning of the plan year			5a			11
b			 	5 <u>b</u>			11
С	Number of participants with account balances as of the end of the		<u> </u>	, , , , , , , , , , , , , , , , , , , 			
	complete this item)			5c			11
6a	Were all of the plan's assets during the plan year invested in eligil		· ·			X Yes	No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot use F		•				
Pa	art III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of	Year	
а	Total plan assets	7a	267592		, ,	360813	
b							
С	Net plan assets (subtract line 7b from line 7a)	. 7с	267592			360813	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Tot	al	
а		0 (1)	43534				
	(1) Employers	` '	65184				
	(2) Participants	` ` `	03104				
h	(3) Others (including rollovers) Other income (loss)	` '	-15497				
b	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		10407			93221	
c d		8c				30221	
u	to provide benefits)						
е	Certain deemed and/or corrective distributions (see instructions)						
f	Administrative service providers (salaries, fees, commissions)						
g	Other expenses						
h	•					0	
į	Net income (loss) (subtract line 8h from line 8c)					93221	
J	Transfers to (from) the plan (see instructions)	. 8j					

Page 2 - 1

Part IV	Plan Cha	aracteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

) a	V Compliance Questions				1		
а	During the plan year:		Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X				10000
d	or dishonesty?						
е							
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
rt	VI Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	s X N
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	x N
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	nth					
-	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г		I		
b	Enter the minimum required contribution for this plan year			12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)				12d			_
d						NI-	N/A
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	,,
е	•				Yes	INO	14/7
e irt	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes /es X N		
e irt	Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets						147
e rt Ba	Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	1 under	3a the co	ontrol			
e rt Ba	Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	1	3a the co	ontrol		0	
e art Ba b	Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the	1	the co	ontrol	es X N	o Yes	
e rt Ba b	Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	the co	ontrol	es X N	o Yes	s X N

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/23/2012	TORSTEN SVANE	
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator	
SIGN	Filed with authorized/valid electronic signature.	07/23/2012	TORSTEN SVANE	
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor	

Form 5500-SF

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Department of Labor Employee Benefits Security Administration

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2011

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For the calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011 A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information --- enter all requested information. Part II 1a Name of plan 1b Three-digit plan number TTS Marine, Inc. 401(k) Plan 001 (PN) ▶ 1c Effective date of plan 01/01/2006 Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) 2b Employer Identification Number TTS Marine, Inc. (EIN) 54-1105733 2c Plan sponsor's telephone number (954) 493-6405 6555 North Powerline Road Suite 410 2d Business code (see instructions) Ft. Lauderdale 541330 FL 33309 Plan administrator's name and address (If same as plan sponsor, enter "Same") 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's Name 4c PN Total number of participants at the beginning of the plan year 5a 5a 11 b 5b 11 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 11 **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year Total plan assets . 7a 267,592 360,813 b Total plan liabilities 7b C Net plan assets (subtract line 7b from line 7a) 7c 267,592 360,813 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: (1) Employers 8a(1) 43,534 (2) Participants 8a(2) 65,184 (3) Others (including rollovers). . 8a(3) Other income (loss) 8b (15,497)Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 80 93,221 Benefits paid (including direct rollovers and insurance premiums 8d Certain deemed and/or corrective distributions (see instructions) 8e Administrative service providers (salaries, fees, commissions) . 8f Other expenses 8q Total expenses (add lines 8d, 8e, 8f, and 8g) . 8h 0

8i

Net income (loss) (subtract line 8h from line 8c).

Transfers to (from) the plan (see instructions)

93,221

	F	orm 5500-SF 2011		Page 2-						
Pari	t IV	Plan Characteristics								
9a	If the p	an provides pension benefits, enter the applicable pension fe	ature codes from the i	ist of Plan Characte	ristic ('odes	in the	inatruations		
		2								
	ii tiio p	an provides welfare benefits, enter the applicable welfare feat	ture codes from the Li	st of Plan Characteri	stic Co	odes in	the in	structions:		
Pari	t V	Compliance Questions								
10		g the plan year:				Yes	No	Γ	Amount	
а	Was	there a failure to transmit to the plan any participant contributi	ons within the time pe	riod described in	Г	103			Amount	
b	29 0	FR 2510.3-102? (See instructions and DOL's Voluntary Fiduci there any nonexempt transactions with any party-in-interest?	any Correction Progra	m)	10a		x			
	on lir	e 10a.)	(Do not include trans	actions reported	10b		x	-		
C	Was	he plan covered by a fidelity bond?				х				100.00
d	Did t	e plan have a loss, whether or not reimbursed by the plan's fi	delity bond, that was d	caused by fraud		1	 		-	100,00
	Or un	ionesty:			10d		x			
е	Were	any fees or commisions paid to any brokers, agents, or other	persons by an insurar	nce carrier,						
	instru	nce services or other organization that provides some or all o	f the benefits under th	e plan? (See	10e		x			
f	Has t	ne plan failed to provide any benefit when due under the plan?			10f		x			
g		e plan have any participant loans? (If "Yes," enter amount as					x			
h	If this	is an individual account plan, was there a blackout period? (S	ee instructions and 20	CER	-		7.			V. S. S. S.
	2020	101-3.)			10h		х		4.4	
	excep	was answered "Yes," check the box if you either provided the tions to providing the notice applied under 29 CFR 2520.101-	required notice or one	e of the	10:					
Part	VI F	ension Funding Compliance		· · · · · · ·	1101					
11	Is this	a defined benefit plan subject to minimum funding requirement	nts? (If "Yes," see inst	ructions and comple	te Sch	edule	SB (Fo	orm	-	
12	0000	<u> </u>	<u> </u>			12 121			. Yes	X No
	(If "Ye	a defined contribution plan subject to the minimum funding re s," complete 12a or 12b, 12c, 12d, and 12e below, as applical	quirements of section	412 of the Code or s	section	302 c	f ERIS	SA? .	. Yes	X No
		iver of the minimum funding standard for a prior year is being				20 100000000000000000000000000000000000				
	•	g		Mon	าร, and th	enter	the da	ate of the le	etter ruling	
		proced into 12d, complete lines 3, 3, and 10 of Schedule N	1B (Form 5500), and	skip to line 13.						
b	Enter	he minimum required contribution for this plan year				· L	12b			
c d	Subtra	he amount contributed by the employer to the plan for this pla	ın year				12c	-		
-	negat	ct the amount in line 12c from the amount in line 12b. Enter the amount)	ne result (enter a minu	s sign to the left of a			12d			
е	Will th	e minimum funding amount reported on line 12d be met by the	funding deadline?			٠ ـــ		Yes	No	□N/A
art \	/11	Plan Terminations and Transfers of Assets				• •	<u>.</u>			
3a	Has a	resolution to terminate the plan been adopted in any prior yea	r?					,	□Yes	X No
		enter the amount of any plan assets that reverted to the em					13a			
b	Were	Il the plan assets distributed to participants or beneficiaries, to PBGC?	ansferred to another p	olan, or brought unde	er the o	control			***************************************	
C	or the If durir	PBGC? g this plan year, any assets or liabilities were transferred from issets or liabilities were transferred. (See instructions.)	THE RESIDENCE OF THE PARTY OF T						Yes	X No
		ame of plan(s):		1						
	-(-/	and or planto).				13c	(2) EII	V(s)	13c(3)	PN(s)
				- 4.8 all x-					+	
ution	1: A pe	nalty for the late or incomplete filing of this return/report	will be assessed unl	ess reasonable cau	ıse is	establ	ished.			
		s of perjury and other penalties set forth in the instructions, I on the MB completed and signed by an enrolled actuary, as well as correct, and complete.	leclare that I have exa the electronic version	mined this return/report	oort, in , and t	cluding o the b	g, if ap best of	plicable, a my knowle	Schedule dge and	
SIGN	1	1115-0	T	TORSTEIN	C1 .	11 17			111	
HERE	Sig	ature of plan administrator	Date 4/18/12	1 V PC-CC-1V	-7V1	ANC			SM	
SIGN		145	Date 1/10/12	Enter name of indiv	vidual	signing NUC	as pl		-0	
HERE	Sign	ature of employer/plan sponsor	4/18/10	IUNDIEIN	SV	rive		(3M	

Enter name of individual signing as employer or plan sponsor

HERE Signature of employer/plan sponsor