

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 334308

FILED
May 17, 2005
Secretary of State**Entity Name:** IMPERIAL YACHT BASINS INC**Current Principal Place of Business:**205 S. HOOVER ST.
TAMPA, FL 33609**New Principal Place of Business:****Current Mailing Address:**205 S. HOOVER ST.
TAMPA, FL 33609**New Mailing Address:****FEI Number:** 59-1831568**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HUGHEY, MIKE
205 S. HOOVER ST.
TAMPA, FL 33609 US**Name and Address of New Registered Agent:**WILSON, STYLES
205 S. HOOVER ST.
TAMPA, FL 33609 US

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.

SIGNATURE: STYLES WILSON

05/17/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: THATCHER, CAROLYN
Address: 205 S HOOVER ST
City-St-Zip: TAMPA, FL

Title: SD () Delete
Name: CARTER, SHIRLEY H,
Address: 205 S HOOVER ST
City-St-Zip: TAMPA, FL 00000,

Title: VD () Delete
Name: FARMER, JD
Address: 205 S HOOVER ST #400
City-St-Zip: TAMPA, FL 00000,

Title: PD (X) Delete
Name: HUGHEY, MIKE,
Address: 205 S HOOVER ST
City-St-Zip: TAMPA, FL 00000,

Title: VPD (X) Delete
Name: THATCHER CAROLYN,
Address: 205 S HOOVER #400
City-St-Zip: TAMPA, FL 33609

Title: D (X) Delete
Name: HUGHEY, EVELYN
Address: 205 S. HOONER BLVD., #400
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPS (X) Change () Addition
Name: THATCHER, CAROLYN
Address: 205 S HOOVER ST
City-St-Zip: TAMPA, FL 33609

Title: PTD (X) Change () Addition
Name: CARTER, SHIRLEY A
Address: 205 S HOOVER ST
City-St-Zip: TAMPA,, FL 33609

Title: VD (X) Change () Addition
Name: FARMER, JD
Address: 205 S HOOVER ST #400
City-St-Zip: TAMPA,, FL 33609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: SHIRLEY CARTER

P

05/17/2005

Electronic Signature of Signing Officer or Director

Date