


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N00000007150 1. Entity Name CHARTER YACHT BROKERS ASSOCIATION, INC.	
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FILED  
06 APR 17 PM 3:29  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1291 SW 8th Avenue Suite, Apt. #, etc.	3. Mailing Address same Suite, Apt. #, etc.
City & State Fort Lauderdale, Florida	City & State
Zip 33315	Country United States

4. FEI Number 651050976	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name SPIEGEL & UTRERA, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor	
City Miami	FL Zip Code 33145

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. *SPIEGEL & UTRERA, P.A.*

SIGNATURE *By: Natalia Utrera* Natalia Utrera, Vice President *4-14-06*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Edward B. Rowe 1291 SW 8th Avenue Fort Lauderdale, Florida 33315	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700073550047 05/02/06--01004--007 **122.50
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Ellen Stewart 6501 Red Hook Plaza, #201 St. Thomas, VI 00802	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Verna Ruan 3801 Crown Bay, Suite 203 St. Thomas, VI 00802-6463	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Sherry Yates P.O. Box 2149 Steamboat Springs, CO 80477	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Charles Trayford III 1511 Fox Hole Road Camden Wyoming, DE 19934-3451	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles Trayford III* *President* *Edward B. Rowe, President* (302) 492-1606  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)