2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 08:00 AM Secretary of State DOCUMENT # P02000030810 1. Entity Name FLORIBBEAN YACHTS, INC. Principal Place of Business Mailing Address 615 BAYSHORE DR., #700 615 BAYSHORE DR., #700 FORT LAUDERDALE, FL 33304 APT. 903 FORT LAUDERDALE, FL 33304 No Chg-P CR2E034 (10/03) 04072005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 04-3633847 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MALONE, RICHARD C DO NOT WRITE 615 BAYSHORE DR., #700 FORT LAUDERDALE, FL 33304 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MALONE, RICHARD C NAME STREET ADDRESS 615 BAYSHORE DR., #700 FORT LAUDERDALE, FL 33304 CITY-ST-ZIP TITLE V000000352492 NAME 05/03/05-80028-022 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 cyfrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED