


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90275 012 ***150.00

DOCUMENT # P02000031525


1. Entity Name
 PERFORMANCE AIRBOATS INC



Principal Place of Business Mailing Address
 PO BOX 931 PO BOX 931
 OKEECHOBEE, FL 34973 OKEECHOBEE, FL 34973

2. Principal Place of Business 3. Mailing Address
1700 LAKE HANNEY WOODS *1700 LAKE HANNEY WOODS A SW 9*
 State Apt #, etc. Suite, Apt. #, etc.

City & State City & State
Miami FL *Miami FL*
 Zip Country Zip Country
34973 *34973*



03222006 Chg-P CR2E034 (11/05)

5. Name and Address of Current Registered Agent
 DELISI, MARTIN V
 4361 NORTHLAKE BLVD
 PALM BEACH GARDENS, FL 33410

4. FEI Number Applied For
 01-0646988 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME DAVID, ALLAN J STREET ADDRESS PO BOX 931 CITY-ST-ZIP OKEECHOBEE, FL 34973	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP <i>1700 LAKE HANNEY WOODS A SW 9</i> <i>Miami FL 34973</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4-7-06* Daytime Phone # _____