


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 AM
Secretary of State

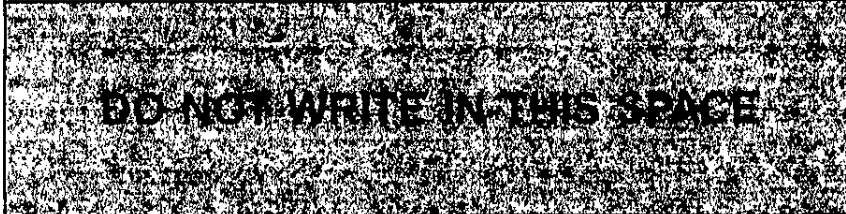

DOCUMENT # P02000114232

1. Entity Name
DRAKE YACHTSHARES, INC.



Principal Place of Business
**2399 TREASURE ISLE DR
 UNIT 20
 PALM BEACH GARDENS, FL 33410**

Mailing Address
**2399 TREASURE ISLE DR. UNIT 20
 PALM BEACH GARDENS, FL 33410**

04032007 No Chg-P CR2E034 (11/05)

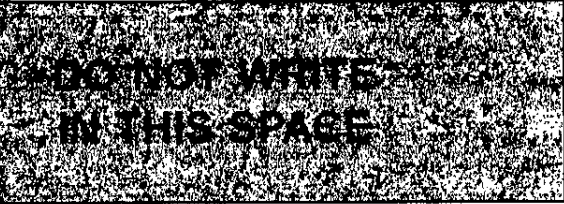
4. FEI Number
42-1552428

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MIRGUET, WILLIAM F III
 2399 TREASURE ISLE DR., UNIT 20
 PALM BEACH GARDENS, FL 33410**



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)

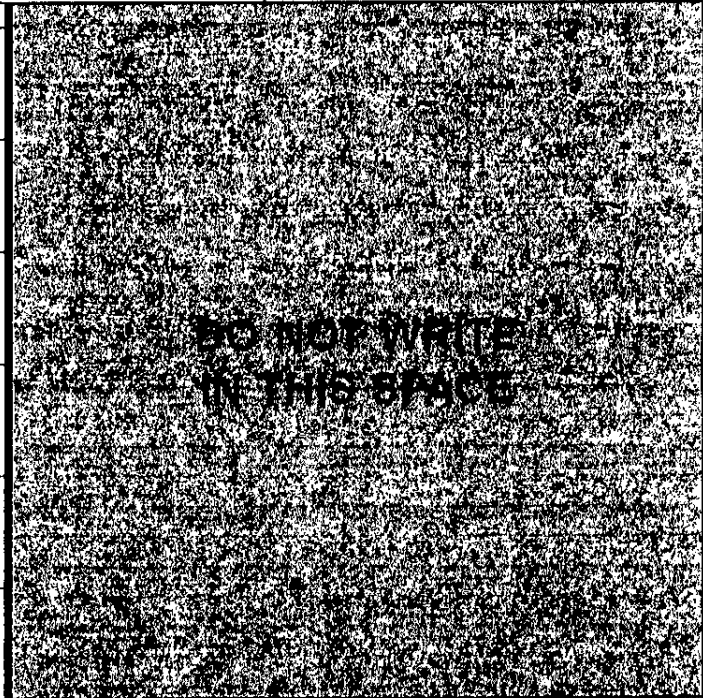
**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

U00000690352
 04/11/07-80073-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIRGUET, WILLIAM III 2399 TREASURE ISLE DRIVE UNIT 20 PALM BEACH GARDENS, FL 33410
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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: *William F. Mirguet, III* **WILLIAM F. MIRGUET, III** **4/1/07** **561-691-5041**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #