## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000049919

TOURISON MAGUES INC

City-St-Zip:

FILED Mar 24, 2006 Secretary of State

Entity Nar	me: JOHNS	ON YACHTS, INC						
Current Principal Place of Business:				New Principal Place of Business:				
1025 N NORTHLAKE DRIVE HOLLYWOOD, FL 33019 US				1700 EAST LAS OLAS BLVD SUITE 202 FORT LAUDERDALE, FL 33301 US				
Current Mailing Address:				New Mailing Address:				
1025 N NORTHLAKE DRIVE HOLLYWOOD, FL 33019 US				1700 EAST LAS OLAS BLVD SUITE 202 FORT LAUDERDALE, FL 33301 US				
FEI Number:	: 20-2618948	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certifica	ate of Status Des	sired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
RICHARDS, ROBERT 1025 N NORTHLAKE DRIVE HOLLYWOOD, FL 33019 US				RICHARDS, ROBERT 1025 N. NORTHLAKE DRIVE HOLLYWOOD, FL FL US				
	named entity e of Florida.	submits this statement for the	purpose o	f changing i	ts registere	d office or r	egistered agei	nt, or both,
SIGNATURE:				03/24/2006				
	Electro	onic Signature of Registered Ag	ent				Date	
Election Car	mpaign Financi	ng Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	RICHARDS, F	HLAKE DRIVE		Title: Name: Address: City-St-Zip:		() Change	( ) Addition	
Title: Name: Address: City-St-Zip:	RICHARDS, I 1025 N NORT	) Delete DONNA THLAKE DRIVE D, FL 33019 US		Title: Name: Address: City-St-Zip:		() Change	( ) Addition	
Title: Name: Address:	(	) Delete		Title: Name: Address:		( ) Change AN, EBRAHIN RRIAGE PATH	1	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

City-St-Zip:

GROTON, MA 01450 US

SIGNATURE: ROBERT RICHARDS 03/24/2006