


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000048816
 1. Entity Name
 BOAT DEALERS' ALLIANCE, INC.



Principal Place of Business Mailing Address
 21 EAST MAIN STREET 21 EAST MAIN STREET
 MYSTIC, CT 06355 MYSTIC, CT 06355

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 41-1822266 Not Applicable

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

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 S PINE ISLAND
 FORT LAUDERDALE, FL 33324

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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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	EXO
NAME	OLSON, BRIAN
STREET ADDRESS	21 EAST MAIN STREET
CITY-ST-ZIP	MYSTIC, CT 06355
TITLE	PD
NAME	SOUCY, ROBERT
STREET ADDRESS	SPRING POINT MARINE
CITY-ST-ZIP	SOUTH PORTLAND, ME 04116
TITLE	VPD
NAME	RUSSO, SR, LARRY
STREET ADDRESS	357 MYSTIC AVE
CITY-ST-ZIP	MEDFORD, MA 02155
TITLE	TD
NAME	DILL, PHIL JR.
STREET ADDRESS	1520 NORTH STEMMONS
CITY-ST-ZIP	LEWISVILLE, TX 75067
TITLE	SD
NAME	HEBERT, MIKE
STREET ADDRESS	1140 I-H 10 NORTH
CITY-ST-ZIP	BEAUMONT, TX 77702
TITLE	D
NAME	COPE, KEN
STREET ADDRESS	1725 WEST HWY 50
CITY-ST-ZIP	O FALLON, IL 62269

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 01/07/05-80048-016 150.00

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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 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: Brian P. Olson (BRIAN P. OLSON) 1/3/05 800-576
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Exc. DIR. Daytime Phone # 6788