2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 31, 2005 08:00 AM DOCUMENT # P99000099907 **Secretary of State** ALPHA-1 YACHT MANAGEMENT, INC. Principal Place of Business 🚊 Mailing Address 6940 S.E. CONSTITUTION BLVD.,#3-105 P 0 BOX 1446 HOBE SOUND, FL 33455-7331 PORT SALERNO, FL 34992-1446 01102005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0963089 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent GRELL, FREDERICK CJR. DO NOT WRITE 6940 S.E. CONSTITUTION BLVD.,#3-105 HOBE SOUND, FL 33455-7331 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. SIGNATURE _________Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature regulred when reinstating) DATE 000000209245 **\$5.00** May Be 9. Election Campaign Financing 02/02/05-80030-009 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PTD TITLE GRELL, FREDERICK C JR. NAME STREET ADDRESS 6940 S.E. CONSTITUTION BLVD.,#3-105 CITY-ST-7IP HOBE SOUND, FL 334557331 --- . _ RILE NAME GRELL, MARY JOSEPHINE STREET ADDRESS 6940 S.E. CONSTITUTION BLVD.,#3-105 CITY-ST-ZIP HOBE SOUND, FL 334557331 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 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 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.

FILED