


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000099907 1. Entity Name ALPHA-1 YACHT MANAGEMENT, INC.	
---	---

Principal Place of Business 6940 S.E. CONSTITUTION BLVD.,#3-105 HOBE SOUND, FL 33455-7331	Mailing Address P O BOX 1446 PORT SALERNO, FL 34992-1446
---	--

DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0963089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

GRELL, FREDERICK C JR.
6940 S.E. CONSTITUTION BLVD.,#3-105
HOBE SOUND, FL 33455-7331

**DO NOT WRITE
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 _____ 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

000000209245
02/02/05-80030-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD GRELL, FREDERICK C JR. 6940 S.E. CONSTITUTION BLVD.,#3-105 HOBE SOUND, FL 334557331
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD GRELL, MARY JOSEPHINE 6940 S.E. CONSTITUTION BLVD.,#3-105 HOBE SOUND, FL 334557331
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Mary Josephine Grell Vice Pres.* **1-26-05 772-545-7540**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #