

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90372 011 ***150.00

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 <i>5493 SE Running Oak Circle Stuart, FL 34997</i>	Mailing Address P O BOX 1446 PORT SALERNO, FL 34992-1446
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

GRELL, FREDERICK C JR.
~~6940 S.E. CONSTITUTION BLVD., #3-105~~
~~HOBE SOUND, FL 33455-7331~~
5493 SE Running Oak Circle
Stuart, FL 34997

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

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	<i>5493 SE Running Oak Circle</i> <i>Stuart, FL 34997</i>
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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: *Mary Josephine Grell* MARY JOSEPHINE GRELL 4/5/06 772-285-8416

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