

**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

21 EAST MAIN STREET
MYSTIC, CT 06355

Mailing Address

21 EAST MAIN STREET
MYSTIC, CT 06355



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-1822266

Applied For

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

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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	SOUICY, ROBERT
STREET ADDRESS	SPRING POINT MARINE
CITY- ST- ZIP	SOUTH PORTLAND, ME 04116
TITLE	VPD
NAME	RUSO, 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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(BRIAN A. OLSON)
EXC. DIR.

Date

Daytime Phone #

1/3/05 800-576
6788