

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000048816

Entity Name: BOAT DEALERS' ALLIANCE, INC.

FILED
Jan 05, 2007
Secretary of State

Current Principal Place of Business:

314 FLANDERS RD
2B
EAST LYME, CT 06333

New Principal Place of Business:

Current Mailing Address:

314 FLANDERS RD
2B
EAST LYME, CT 06333

New Mailing Address:

FEI Number: 41-1822266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 S PINE ISLAND
FORT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: EXO () Delete
Name: OLSON, BRIAN
Address: 314 FLANDERS RD SUITE 2B
City-St-Zip: EAST LYME, CT 06333

Title: PD () Delete
Name: SOUCY, ROBERT
Address: SPRING POINT MARINE
City-St-Zip: SOUTH PORTLAND, ME 04116

Title: VPD () Delete
Name: RUSSO, SR, LARRY
Address: 357 MYSTIC AVE
City-St-Zip: MEDFORD, MA 02155

Title: TD () Delete
Name: DILL, PHIL JR.
Address: 1520 NORTH STEMMONS
City-St-Zip: LEWISVILLE, TX 75067

Title: SD () Delete
Name: HEBERT, MIKE
Address: 1140 I-H 10 NORTH
City-St-Zip: BEAUMONT, TX 77702

Title: D () Delete
Name: COPE, KEN
Address: 1725 WEST HWY 50
City-St-Zip: O FALLON, IL 62269

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: DILL, PHIL JR
Address: 1520 NORTH STEMMONS
City-St-Zip: LEWISVILLE, TX 75067

Title: VPD (X) Change () Addition
Name: MACCALLUM, PETER
Address: P.O. BOX 744
City-St-Zip: EPSOM, NH 03234

Title: TD (X) Change () Addition
Name: AUSTIN, JOANN
Address: 208 N. 169 HIGHWAY, P.O. BOX 399
City-St-Zip: SMITHVILLE, MO 64089

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN OLSON

EXO

01/05/2007

Electronic Signature of Signing Officer or Director

Date