2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 09, 2006 08:00 AN **DOCUMENT # 261534 Secretary of State** YACHT'N DOCK, INCORPORATED Principal Place of Business Mailing Address 106 SE 10TH ST 106 SE 10TH ST FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316 01042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1268556 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OLSEN, ROBERT H. DO NOT WRITE 106 S.E. 10 STREET FORT LAUDERDALE, FL 33316 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. (NOTE: Registered Agent eignature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE OLSEN, ROBERT H NAME STREET ADDRESS 106 SE 10TH STREET U00800380337 FT LAUDERDALE, FL 00000, CITY-ST-ZIP 01/11/06-80010-0ni 150.nn TITLE NAME AURELIUS, JOHN E 2864 24TH COURT STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 00000, TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR