2006 FOR PROFIT CORPORATION FILED **ANNUAL REPORT** Mar 01, 2006 08:00 Al **DOCUMENT # 424922 Secretary of State** 1. Entity Name ANGLER BOAT CORP. Principal Place of Business _ . Mailing Address 7400 NW 37TH AVE. 7400 NW 37TH AVE. MIAMI, FL 33147 MIAMI, FL 33147 01062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1459932 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRILLO, ELIO DO NOT WRITE 7400 NW 37TH AVE MIAMI, FL 33147 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 1100000453198 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 03/14/06-80010-011 150.00 10. OFFICERS AND DIRECTORS VD GRILLO, ELIO B. NAME STREET ADDRESS 7400 NW 37TH AVE CITY-ST-ZIP MIAMI, FL 33147 TITLE NAME WALSH, GERRITT S STREET ADDRESS 7400 NW 37TH AVE CITY - ST - ZIP MIAMI, FL 33147 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IIILE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP HILE NAME

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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone ₽