


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 587366	
1. Entity Name KADEY-KROGEN YACHTS, INC.	

Principal Place of Business 815 COLORADO AVENUE 101 STUART, FL 34994 US	Mailing Address 815 COLORADO AVENUE #101 STUART, FL 34994 US
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02152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1877615	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FOX, WACKEEN, DUNGEY, BEAD, SOBEL, BUSH ETAL
3473 SE WILLOUGHBY BLVD
STUART, FL 34994**

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

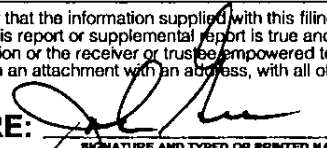
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000857751 04/01/08-80017-008 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEAR, JOHN 815 COLORADO AVE, #101 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUTTON, THOMAS 815 COLORADO AVE, #101 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POLSTER, LAWRENCE 7144 LAKE SHORE DRIVE FRIENDSHIP, MD 20758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **JOHN GEAR** **3/12/08** **772-286-0171**

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