2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711735

Entity Name: FLOTILLA SIX, INC.

FILED Feb 06, 2004 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

3939 N OCEAN BLVD

Current Mailing Address: New Mailing Address:

3939 N OCEAN BLVD BOCA RATON, FL 33431

BOCA RATON, FL 33431

FEI Number: 59-6194388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MULLIN, JAMES
2263 NW 2ND AVE. #205
500 NE 5TH AVE.

BOCA BOCA RATON, FL 33431 US SUITE 2B
DELRAY BEACH, FL 33431 US

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: JAMES MULLIN 02/06/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition Name: KEGAN, THOMAS Name:

Address: 930 DOGWOOD DR. Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip:

Title: VPD () Delete Title: VPD (X) Change () Addition Name: ELLIOTT, ALICK Name: FEIGHERY, JOHN P JR.

 Name:
 EEEI OTT, ALIGN
 Name:
 F EIGHLICT, 30 NO F 3N.

 Address:
 885 NW 78TH ST.
 Address:
 23309 LAGO MAR CIRCLE

 City-St-Zip:
 BOCA RATON, FL 33411
 City-St-Zip:
 BOCA RATON, FL 33433

Title: T () Delete Title: () Change () Addition

 Name:
 SCHWARTZ, LEONARD M
 Name:

 Address:
 5126D LAKEFRONT BLVD.
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33484
 City-St-Zip:

 $\label{eq:time_special} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$

 Name:
 STEVENSON, PETER B
 Name:

 Address:
 4993 GARDEN DR.
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33445
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARD M. SCHWARTZ T 02/06/2004