


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 711735</b> 1. Entity Name FLOTILLA SIX, INC.	
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Principal Place of Business 3939 N OCEAN BLVD BOCA RATON, FL 33431	Mailing Address 3939 N OCEAN BLVD BOCA RATON, FL 33431
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04142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-6194388	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SANDRA, ROBERT 8130 GLADES RD PMB 409 BOCA RATON, FL 33434
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

000000913792  
05/08/08-80029-024 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEGAN, THOMAS 930 DOGWOOD DR. DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FEIGHERY, JOHN P JR. 23309 LAGO MAR CIRCLE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENNESSEY, NEIL W 910 DOGWOOD DR 347 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEVENSON, PETER B 4993 GARDEN DR. DELRAY BEACH, FL 33445
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 617, 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:** *Neil W Hennessey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 7, 2008* *561-265-1944*  
Date Daytime Phone #