2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711735

Entity Name: FLOTILLA SIX, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3939 N OCEAN BLVD BOCA RATON, FL 33431

Current Mailing Address: New Mailing Address:

3939 N OCEAN BLVD 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:

SANDRA, ROBERT STEVENSON, PETER B 8130 GLADES RD 3939 N OCEAN BLVD PMB 409 BOCA RATON, FL 33431 US

BOCA RATON, FL 33434 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: PETER B STEVENSON 04/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

 Name:
 KEGAN, THOMAS
 Name:
 KEGAN, THOMAS H

 Address:
 930 DOGWOOD DR.
 Address:
 930 DOGWOOD DR.

 City-St-Zip:
 DELRAY BEACH, FL 33483
 City-St-Zip:
 DELRAY BEACH, FL 33483

Title: VPD () Delete Title: () Change () Addition

 Name:
 FEIGHERY, JOHN P JR.
 Name:

 Address:
 23309 LAGO MAR CIRCLE
 Address:

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

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

 Name:
 HENNESSEY, NEIL W
 Name:
 HENNESSEY, NEIL W

 Address:
 910 DOGWOOD DR 347
 Address:
 910 DOGWOOD DR 347

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

Title: SD () Delete Title: SD (X) Change () Addition

Name:STEVENSON, PETER BName:STEVENSON, PETER BAddress:4993 GARDEN DR.Address:3939 N OCEAN BLVD.City-St-Zip:DELRAY BEACH, FL 33445City-St-Zip:BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PETER B STEVENSON SECR 04/27/2009