2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2008 8:00 am Secretary of State

1. Entity Name FLOTILLA 92 NORTH PORT, INC.								02-04-200	_			
Principal Place of Business 730 CHANCELLOR BYLD NORTH PORT, FL 34287		Mailing Address FLOTILLA 92 INC P.O. BOX 7204 NORTH PORT, FL 34287						ANI ANTII ATĀĪI				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Flotilla 92, Inc										
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 7204				01052008	Chg-NP	CR2E	037 (12/0	06)		
City & State		City & State North Po	1		4. FEI Numbe 59-145					plied For Applicable		
Zip	Zip Country		Zip 34290		Country U.S.A.		5. Certificate	of Status Desired		\$8.75 Fee Rec		
	6. Name an	nd Address of Current I	Registered Agent				7. Name and	Address of New	Registere	d Agent		
LEBLANC, PAUL J 2304 PELLAM BVLD PORT CHARLOTTE, FL 33948					Name Street Ad	me James R Hamilton eet Address (P.O. Box Number is Not Acceptable) 3428 Tonkin Drive						
				T	City	No	rth Po	rt	F		Code 42	
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 Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or profesor name of registered agentand title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE								and accept				
SIGNATURE	Signature, typed or p	ornted name of registered agents	nd title if applicable.	(NOTE: Registe	ered Agent signatu			Hamilt	on	01/2	3/1	08
SIGNATURE	Signature, typed or p	is \$61.25	9. Elec	(NOTE: Registe tion Campaign t Fund Contribu	n Financing	ine required		le l	DATE Make che orida Dep		e to	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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: James R Hamilton 01/23/08
SIGNATURE: Date District Phone #