
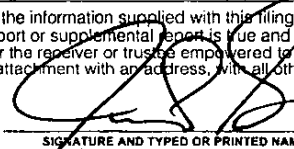


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90002 031 ***150.00

DOCUMENT # F00000001395					
1. Entity Name WESTPORT SHIPYARD, INC.					
Principal Place of Business 1807 NYHUS STREET WESTPORT, WA 98595			Mailing Address P.O. BOX 308 WESTPORT, WA 98595		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 91-1011690	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INTERSTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., SUITE 3000 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name <u>Moore + Company, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>355 Alhambra Circle Suite 1100</u> City <u>Coral Gables</u> <u>FL</u> Zip Code <u>33134</u>		
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 <u>Moore + Company, P.A.</u> 8-24-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUST, RICHARD J 215 MARGARET AVENUE WESTPORT, WA 98595 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Daniel Lockhart 1115 E 8th Street Port Angeles, WA 98363		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD NELSON, LARRY 913 NORTH ADAMS WESTPORT, WA 98595 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joseph P. Skipic 625 Bel Aire Ave Aberdeen, WA 98520		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELK, MARY 4116 226TH PL NE ARLINGTON, WA 98223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tami Higgins PO Box 308 Westport, WA 98595		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAKEFIELD, DARYL P 592 SUNSET HEIGHTS DRIVE PORT ANGELES, WA 98363 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Simon T. Olson 637 Marine Drive Port Angeles, WA 98363		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, JACK 423 1/2 EAST HERON STREET ABERDEEN, WA 98520 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John M. Edson 1 Eagles Nest Drive Lacquer, WA 98257		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VFO BARROW, PAUL 153 CLEMONS RD MONTESANO, WA 98563 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Phil Purcell 2957 St Road 84 Fort Lauderdale, FLA 33312		
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: 		8/7/06 (360) 268-1800 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			