


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90073 030 ***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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04172007 Chg-P CR2E034 (12/06)

4. FEI Number 91-1011690	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
MOORE & COMPANY, P.A. 355 ALHAMBRA CIR SUITE 1100 CORAL GABLES, FL 33134	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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.

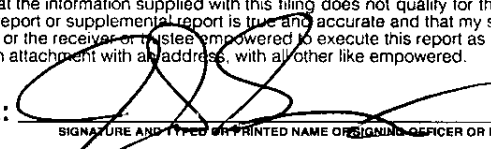
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOCKHART, DANIEL 1115 EAST 8TH ST PORT ANGELES, WA 98363 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Julie Triggs 1807 Nancy Lane Port Angeles, WA 98362 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STIPIC, JOSEPH P 625 BEL AIRE AVE ABERDEEN, WA 98520 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Joseph P. Stipic 625 Bel Aire Ave Aberdeen WA 98520 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	D Simon T. Olson 637 Marine Drive Port Angeles, WA 98363 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 John M. Edson 1 Eagles Nest Drive LaConner, WA 98257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURCELL, PHIL 2957 ST RD 84 FORT LAUDERDALE, FL 33332 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Phil Purcell 2957 St Rd 84 Fort Lauderdale, FL 33332 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4/17/07 (360) 268-1800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #