


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90061 013 \*\*\*150.00

<b>DOCUMENT # F00000001395</b> 1. Entity Name WESTPORT SHIPYARD, INC.	
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Principal Place of Business 1807 NYHUS STREET WESTPORT, WA 98595	Mailing Address P.O. BOX 308 WESTPORT, WA 98595
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**DO NOT WRITE IN THIS SPACE**

02052008 No Chg-P CR2E034 (11/05)

4. FEI Number 91-1011690	Applied For 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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

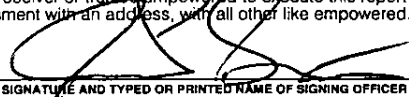
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE	S
NAME	TRIGGS, JULIE
STREET ADDRESS	1807 NANCY LN
CITY-ST-ZIP	PORT ANGELES, WA 98362
TITLE	T
NAME	STIPE, JOSEPH P
STREET ADDRESS	625 BEL AIRE AVE
CITY-ST-ZIP	ABERDEEN, WA 98520
TITLE	D
NAME	WELK, MARY
STREET ADDRESS	4116 226TH PL NE
CITY-ST-ZIP	ARLINGTON, WA 98223
TITLE	PD
NAME	WAKEFIELD, DARYL P
STREET ADDRESS	592 SUNSET HEIGHTS DRIVE
CITY-ST-ZIP	PORT ANGELES, WA 98363
TITLE	D
NAME	THOMPSON, JACK
STREET ADDRESS	423 1/2 EAST HERON STREET
CITY-ST-ZIP	ABERDEEN, WA 98520
TITLE	D
NAME	PURCELL, PHIL
STREET ADDRESS	2957 ST RD 84
CITY-ST-ZIP	FORT LAUDERDALE, FL 333312

**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 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:**  **2/8/08 (36) 268-1800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #