

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001459

FILED
Apr 17, 2006
Secretary of State

Entity Name: THE FOUNDATION FOR SAFE BOATING AND MARINE INFORMATION, INC.

Current Principal Place of Business:

BOX 45 ROUTE 23
ASHLAND, NY 12407

New Principal Place of Business:

Current Mailing Address:

BOX 45 ROUTE 23
ASHLAND, NY 12407

New Mailing Address:

FEI Number: 22-3137479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLS, ALEX
2400 SUNRISE KEY BOULEVARD
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: SAVAROS, GUS
Address: 2125 EAST 15 STREET
City-St-Zip: BROOKLYN, NY 112294314

Title: VCVP () Delete
Name: LOMBARDO, ELAINE
Address: 12 EAST ATLANTIC AVENUE
City-St-Zip: OCEANSIDE, NY 11572

Title: DT () Delete
Name: GRAHAM, DEBORACH
Address: 104 BROOK STREET
City-St-Zip: GARDEN CITY, 11530

Title: DS () Delete
Name: BOWIE, VIRGINIA
Address: 1095 CODWISE STREET
City-St-Zip: KINGSTON, NY 12401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUS SAVAROS

CP

04/17/2006

Electronic Signature of Signing Officer or Director

Date