2005 FOR PROFIT CORPORATION

ANNUAL REPORT **DOCUMENT # G78189** FILED FLORIDA YACHT CHARTERS AND SALES, INC. 05 MAY -2 PH 2: 10 Principal Place of Business Mailing Address 390 ALTON RD 390 ALTON RD SUITE 3 SUITE 3 MIAMI BCH., FL 33139 MIAMI BCH., FL 33139 No Chg-P 02182005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2372118 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EVERHARD, SUSAN W. DO NOT WRITE 1281 S VENETIAN WAY MIAMI, FL 33139 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DTDV TITLE EVERHARD, ROBERT NAME STREET ADDRESS 1281 S VENETIAN WAY 900054233159 05/10/05--01099--001 **650.00 CITY-ST-ZIP MIAMI BEACH, FL TITLE DS WILLIAMS, JEANNETTE NAME STREET ADDRESS 1416 MENOMINEE DR. OSHKOSH, WI CITY-ST-ZIP DP TITLE EVERHARD, SUSAN W. NAME STREET ADDRESS 1281 S VENETIAN WAY DO NOT WRITE CITY-ST-Z!P MIAMI BEACH, FL IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-7IP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05