


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # H54631	
1. Entity Name EXECUTIVE YACHT BROKERAGE, INC.	

Principal Place of Business 250 SW MONTEREY ROAD STUART, FL 34994 US	Mailing Address 250 SW MONTEREY RD STUART, FL 34994 US
--	--

DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

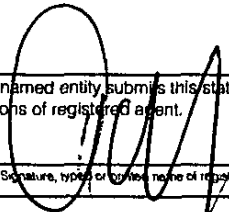
4. FEI Number 59-2527476	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HOLMES, TIMOTHY E.
45 SW PALM COVE DRIVE
PALM CITY, FL 34990**

**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  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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
---	--

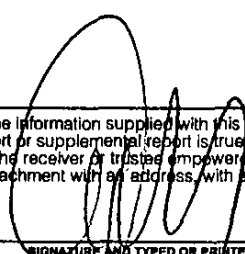
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLMES, TIMOTHY E. 45 SW PALM COVE DRIVE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLMES, DEBRA E. 45 SW PALM COVE DRIVE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TERRAGLIO, GREGORY 1474 SW SEAGULL WAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000686133
04/09/07-60033-016 158.75

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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____