Apr-27-06 01:43P Travani&Richter, P.A.

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90479 028 ***162.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J38206

1. Entity Name
STARLINER YACHTS, INC.

500177743

Principal Place of Business	Mailing Address
820 SO. BAY STREET EUSTIS, FL 32726 US	P O BOX 98 PINELLAS PARK, FL 33780 US

04272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: West Palm Beach	3. Mailing Address: 725 Harbour Point Drive
Suite, Apt. #, etc.: 725 Harbour Point Drive	Suite, Apt. #, etc
City & State: North Palm Beach, FL	City & State: North Palm Beach, FL
Zip: 33410 Country: USA	Zip: 33410-3416 Country: U.S.A.

4. FEI Number: 59-2732745 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VANCE, MURRY A
820 SO. BAY STREET
EUSTIS, FL 32726

7. Name and Address of New Registered Agent

Name: Fernando Carrizosa
Street Address (P.O. Box Number is Not Acceptable): 725 Harbour Point Drive
City: North Palm Beach, FL Zip Code: 33410

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]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: S NAME: VANCE, MURRY A STREET ADDRESS: 820 SO BAY STREET CITY-ST-ZIP: EUSTIS, FL 32726	☒ Delete	TITLE NAME: Fernando Carrizosa STREET ADDRESS: 725 Harbour Point Drive CITY-ST-ZIP: North Palm Beach, FL, 33410	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] 4/27/06 561-625-5441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #