


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90159 002 \*\*\*150.00

<b>DOCUMENT # J42407</b> 1. Entity Name <b>YACHT 10 INC.</b>					
Principal Place of Business <b>5201 NE 19TH AVE. FORT LAUDERDALE, FL 33308 US</b>				Mailing Address <b>5201 NE 19TH AVE. FORT LAUDERDALE, FL 33308 US</b>	
2. Principal Place of Business <b>3001 SW 3RD AVENUE</b> Suite, Apt. #, etc. <b>BAY 1</b> City & State <b>FORT LAUDERDALE FL</b> Zip <b>33315</b>		3. Mailing Address <b>3001 SW 3RD AVENUE</b> Suite, Apt. #, etc. <b>BAY 1</b> City & State <b>FORT LAUDERDALE FL</b> Zip <b>33315</b>		01052006 Chg-P CR2E034 (11/05)	
4. FEI Number <b>59-2734788</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GASSEW, GARRY LINNE 5201 NE 19TH AVE. FORT LAUDERDALE, FL 33308</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVD GASSEW, GARRY LINNE 3001 SW 3RD AVE, BAY 1 FORT LAUDERDALE, FL 33315</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD GASSEW, GARRY LINNE 3001 SW 3RD AVE BAY 1 FORT LAUDERDALE, FL 33315</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					