2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J82923

Entity Name: BONE VOYAGE, INC.

ISLAMORADA, FL 33063

City-St-Zip:

FILED Jan 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 189 82994 OVERSEAS HIGHWAY ISLAMORADA, FL 33036 US ISLAMORADA, FL 33036 **Current Mailing Address: New Mailing Address:** P.O.BOX 189 ISLAMORADA, FL 33036 US FEI Number: 59-2822021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAKER, SUZAN 82994 ÓVERSEAS HWY PEN KEY CLUB ISLAMORADA, FL 33036 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BAKER, LEE W., Name: Name: 82994 OVERSEAS HWY, PEN KEY CLUB Address: Address: City-St-Zip: ISLAMORADA, FL City-St-Zip: () Delete Title: Title: (X) Change () Addition Name: BAKER, SUZAN Name: BAKER, SUZAN 82994 REAVSES HWY. Address: 82994 OVERSEAS HWY. Address:

City-St-Zip:

ISLAMORADA, FL 33063

I hereby certify that the information supplied with this filing does not qualify 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: SUZAN BAKER TRE 01/13/2009