

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # K24831

1. Entity Name

YACHTFINDERS INTERNATIONAL, INC.



FILED

Mar 23, 2005 08:00 AM
Secretary of State

Principal Place of Business

P.O. BOX 101646
CAPE CORAL FL 33910-8749

Mailing Address

P.O. BOX 101646
CAPE CORAL FL 33910-8749

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0064687

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PUSATERI, JOEL
5346 DELMONTE CT
CAPE CORAL FL 33904

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

0000000273633
03/23/05-80036-021 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Delete

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Change Addition

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:

Joel Pusateri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-05 3398788376

Daytime Phone #