2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					_	
DOCUMENT # L05000047539 1. Entity Name YACHT MOLDS GLOBAL, LLC			* laux		FILED 06 FES -7 PH 12: 57	
Principal Place of Business 850 NE 3RD ST. SUITE 203 DANIA FL 33004		Mailing Address 850 NE 3RD ST. SUITE 203 DANIA FL 33004			SECA::	
2. Principal Place of Business		3. Mailing Address		,	100 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E083 (10/05)	
City & State		City & State			4. FEI Number Applied For Not Applicable	
Zip Country		Zip Count		у	5. Certificate of Status Desired S5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
OVIATT, JAMES 850 NE 3RD ST. SUITE 203 DANIA FL 33004			\	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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006						
9.	MANAGING MEMBE	RS/MANAGERS	10.	The production Add NOT	ADDITIONS/CHANGES	
THTLE NAME STREET ADDRESS CITY-ST-ZIP	OVIATT, JAMES 850 NE 3RD ST., SUITE 203		TITLE NAME STREET CITY-S	ADDRESS ST-ZIP	□ Change □ Addition 200067028472 03/03/06-01037014 **200.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAM STREE NAM STREE NAM STREE		TITLE NAME STREET CITY-S	ADDRESS ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAN STRI		TITLE NAME STREET CITY-S	f address St-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	TADDRESS ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	postify that the information a unified with	□ Delete	CITY-S	1	Change Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: __

JAMES G. OVIATT 2/2/06 954-925-0065