

FROM : CEC/DEI

PHONE NO. : 9549281637

Apr. 14 2006 10:48AM P4

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 17, 2006 08:00 AM
Secretary of State**DOCUMENT # L63226**

1. Entity Name

YACHTING CONSULTANTS INTERNATIONAL, INC.

Principal Place of Business

**1126 S. FED HWY., #318
FT LAUDERDALE, FL 33316**

US

Mailing Address

1126 S. FED HWY., #318**FT LAUDERDALE, FL 33316**

US

DO NOT WRITE IN THIS SPACE

04142006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0185751

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

TERRILL, JOHN**1126 S. FED HWY., #318****FT LAUDERDALE, FL 33316****DO NOT WRITE
IN THIS SPACE**

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 in printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when changing)

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

TITLE	PDT
NAME	TERRILL, JOHN A
STREET ADDRESS	1126 S. FED HWY., #318
CITY-ST-ZIP	FT LAUDERDALE, FL 33316

TITLE	SDVP
NAME	HOWARD, AGNES E
STREET ADDRESS	1126 S. FED HWY., #318
CITY-ST-ZIP	FT LAUDERDALE, FL 33316

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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04/29/06-80083-003 150.00**DO NOT WRITE
IN THIS SPACE**

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 807, 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR

4/15/06

954 224 5847

Date

Daytime Phone #