


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90020 003 \*\*\*150.00

<b>DOCUMENT # L66754</b>	
1. Entity Name <b>MANNE YACHT SALES, INC.</b>	

Principal Place of Business <b>5750 N.W. 15TH STREET MARGATE FL 33063-2851</b>	Mailing Address <b>5750 N.W. 15TH STREET MARGATE FL 33063-2851</b>
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2. Principal Place of Business <b>750 East Sample Road</b> Suite, Apt. #, etc. <b>Building 2, Suite 210</b>	3. Mailing Address <b>750 East Sample Road</b> Suite, Apt. #, etc. <b>Building 2, Suite 210</b>
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1st MOORE CR2E034 (10/05)

City & State <b>Pompano Beach, Florida</b>	City & State <b>Pompano Beach, Florida</b>
Zip <b>33064</b>	Country <b>USA</b>

4. FEI Number <b>65-0190854</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MANNE, LEE 5750 N.W. 15TH STREET MARGATE FL 33063</b>	7. Name and Address of New Registered Agent Name <b>MANNE, LESLIE</b> Street Address (P.O. Box Number is Not Acceptable) <b>750 East Sample Road</b> <b>Building 2, Suite 210</b> City <b>Pompano Beach</b> <b>FL</b> Zip Code <b>33064</b>
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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  **Leslie Manne** February 21, 2006  
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-stating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MANNE, LEE</b> <b>5750 NW 15TH ST</b> <b>MARGATE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>MANNE, LESLIE</b> <b>5750 NW 15TH STREET</b> <b>MARGATE FL 33063</b>
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Manne, Lee</b> <b>750 E. Sample Rd., Bldg 2, Suite 210</b> <b>Pompano Beach, Florida 33064</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>Manne, Leslie</b> <b>750 E. Sample Rd., Bldg, 2, Suite 210</b> <b>Pompano Beach, Florida 33064</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:  **Leslie Manne** February 21, 2006 954 782-6585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #