
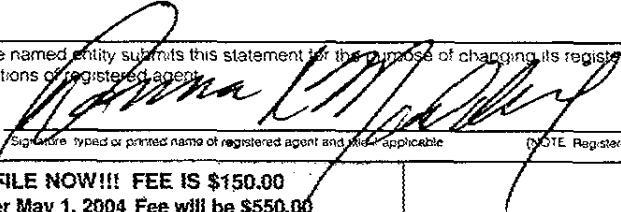
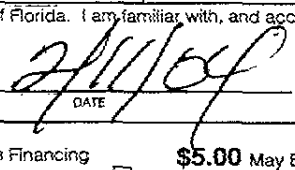
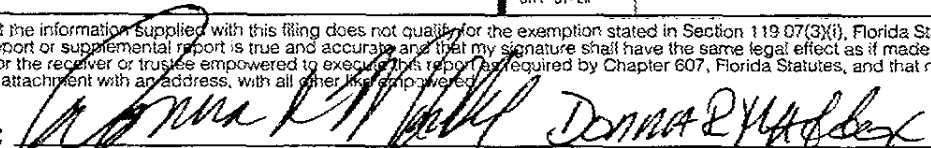
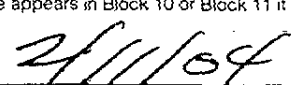


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L71380</b> 1. Entity Name <b>YACHT SOLUTIONS, INC.</b>					
Principal Place of Business <b>% DONNA MADDOX 340 SUNSET DR #1104 FT LAUDERDALE FL 33301 US</b>				Mailing Address <b>% DONNA MADDOX 340 SUNSET DR #1104 FT LAUDERDALE FL 33301 US</b>	
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 <b>65-0192389</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input checked="" type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MADDOX, DONNA 340 SUNSET DR STE 1104 FT LAUDERDALE FL 33301</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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  <div style="float: right;">           DATE       </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MADDOX, GARY	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
STREET ADDRESS	340 SUNSET DR #1104	U000000053139 02/16/04-80113-007 150.00			
CITY - ST - ZIP	FT LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MADDOX, DONNA	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
STREET ADDRESS	340 SUNSET DR #1104	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY - ST - ZIP	FT LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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:  <div style="float: right;">           DATE       </div>					