


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000006432		
1. Entity Name EMERALD COAST PERFORMANCE BOAT CLUB, INC.		

Principal Place of Business 632- B NORTH BEAL PARKWAY FORT WALTON BEACH, FL 32547	Mailing Address 632- B NORTH BEAL PARKWAY FORT WALTON BEACH, FL 32547
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2. Principal Place of Business 632-B North Beal Pkwy	3. Mailing Address 632-B N Beal Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fort Walton Bch FL	City & State Fort Walton Bch FL
Zip 32548	Zip 32548
Country USA	Country USA

6. Name and Address of Current Registered Agent AIKENS, TERRY 632- B NORTH BEAL PARKWAY FORT WALTON BEACH, FL 32547	
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FILED
06 OCT 13 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10062006 REIN-NP CR2E099 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
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 Terry L. Aikens DATE 10-7-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, ALAN 345 B BONITA AVE FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800080818718 10/13/06--01011--018 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, TIMOTHY 222 CHATEAUGAY STREET FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEXTON, JOHN 241 SHALIMAR DRIVE SHALIMAR, FL 32579 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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 617, 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: Alan Jenkins DATE 10-7-06 Daytime Phone # 850-259-8646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR