


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N05964 1. Entity Name SAILING CENTER, INC.	
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Principal Place of Business 925 PINEAPPLE RD 40 EMMERT LOWRY S DAYTONA, FL 32119 US	Mailing Address PO BOX 2031 DAYTONA BEACH, FL 32115 US
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01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2913975	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ROBINSON, DAVID C 1326 S RIDGEWOOD AVE #6 DAYTONA BEACH, FL 32114

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000739419 01/30/08-80068-010 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIELD, BILL 116 CENTENNIAL PARK DR. DAYTONA BEACH, FL 3212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SLAUGHTER, LEWIS 53 N ST ANDREWS DAYTONA BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LONG, CAROLYN 3464 COUNTY WALK DR PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, RUSSELL 321 PELICAN AVE DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALEY, PETE 4993 S PENINSULA DR PONCE INLET, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAKER, CHRIS 3108 LIBERTY ST. DAYTONA BEACH SHORES, FL 32118

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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1-18-08 <small>Date</small>	547-8801 <small>Daytime Phone #</small>
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