

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 18, 2007  
Secretary of State**

DOCUMENT# N06000010594

Entity Name: SIX BUOYS THREE, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

6490 WHITE BLOSSOM CR.  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

**New Mailing Address:**

6490 WHITE BLOSSOM CR.  
JACKSONVILLE, FL 32258

FEI Number: 20-5731651     FEI Number Applied For ( )     FEI Number Not Applicable ( )     Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CHRISTIAN, MARK L  
720 BONAIRE CIRCLE  
JACKSONVILLE BEACH, FL 32250     US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TOUCHTON, ERIC  
Address: 1002 VICTORY LAKE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Delete  
Name: CHRISTIAN, MARK L  
Address: 720 BONAIRE CIRCLE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC ( ) Delete  
Name: HAINES, ROBERT  
Address: 6490 WHITE BLOSSOM CR.  
City-St-Zip: JACKSONVILLE, FL 32258

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK CHRISTIAN

VP

07/18/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date