2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000657

FILED May 22, 2009 Secretary of State

Entity Name: PALM BEACH R/C POWER BOATERS, INC.

Current Principal Place of Business: New Principal Place of Business: 10875 ATLANTIC AVENUE DELRAY BEACH, FL 33436 **Current Mailing Address: New Mailing Address:** 3710 NW 113 AVE CORAL SPRINGS, FL 33065 FEI Number: 65-0643276 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: THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES, FL 33134 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: () Change () Addition () Delete ZELLER, TODD L Name: Name: Address: 3710 NW 113 AVE Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: VD () Delete Title: () Change () Addition ERBESFELD, MARVIN Name: Name: Address: 8900 HEARTSONG TERR. Address: City-St-Zip: BOYTON BEACH, FL 33437 City-St-Zip: Title: () Delete Title: () Change () Addition RICK, BELLINGER Name: Name: 4150 S.W. MACAD ST. Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34953 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: STEVE, GUALTIERI Name: 419 E. SHADYSIDE CIRCLE Address: Address: City-St-Zip: WEST PALM BEACH, FL 33415 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: TODD ZELLER TD 05/22/2009