2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000019400

Entity Name: BOAT NATION USA, INC.

FILED Feb 10, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
AND MODELIE A OF ADETLI OFFICE	

662 NORTHEAST 195TH STREET NORTH MIAMI BEACH, FL 33179

Current Mailing Address: New Mailing Address:

662 NE 195TH STREET P.O. BOX 490177 NORTH MIAMI BEACH, FL 33179 KEY BISCAYNE, FL 33149

FEI Number: 65-0992934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENÚE 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

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: (X) Change () Addition SHANLEY, MICHAEL C MR SHANLEY, MICHAEL C MR Name: Name: 662 NORTHEAST 195TH STREET P.O. BOX 490177 Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33179 City-St-Zip: KEY BISCAYNE, FL 33149

Title: Title: V/D () Delete (X) Change () Addition

PESCH, WILLIAM MR. SHANLEY, CHARLENE T MS. Name: Name: 662 NE 195 STREET P.O. BOX 490177 Address: Address: NORTH MIAMI BEACH, FL 33179 KEY BISCAYNE, FL 33149 City-St-Zip:

Title: Title: () Delete T/D () Change (X) Addition

BAILEY, ROBERT DR Name: Name: PO BOX 490177 Address Address: City-St-Zip: City-St-Zip: KEY BISCAYNE, FL 33149

Title: () Delete Title: () Change (X) Addition

SHANLEY, MICHAEL C MR Name: Name: Address: Address: PO BOX 490177 City-St-Zip: City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SHANLEY Ρ 02/10/2007