2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 11, 2006 8:00 am Secretary of State DOCUMENT # P00000071316 04-11-2006 90114 007 ***158.75 1. Entity Name BEECHWOOD BOATS, INC. Principal Place of Business Mailing Address 611026744 1150 CENTRAL AVENUE 1001 LIBERTY AVE NAPLES, FL 34102 850 PITTTSBURGH, PA 15222-3718 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172006 CR2E034 (11/05) Cha-P City & State 4. FEI Number City & State Applied For 01-0558163 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 4 WESTON, FL 33331 City 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCGROGAN, DANIEL C NAME 1400 NAVAHOE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PITTSBURGH, PA 15228 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 607, 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 the empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FFICER OR DIRECTOR

FILED