## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 07, 2006 8:00 am Secretary of State

DOCUMENT # P0000087975  1. Entity Name STELLAR POWER BOATS INC.					04-07-2006 90037 043 ***150.00				
Dring's at Disease	( Dunings	Mailing Address	1					2000	9953
Principal Place of Business		<u> </u>						0000	0000
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			0.4000000	06 - D	0000	004 (44(05)	
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City & State	9	City & State			4. FEI Numb				plied For
	1 0	7:-	0		65-104	11096			t Applicable
Zip	Country	Zip	Country		5. Certificate	e of Status Desir	ed 🗌	\$8.75 Add Fee Required	
	6. Name and Address of Current I	Registered Agent			7. Name an	d Address of No	ew Registered		
ERICKON, RUSSELL A 4389 WESTR <del>OADS</del> DRIVE			Name	FR	10450	A1 D1	1<55 (		
			Street A	Street Address (P.O. Box Number is Not Acceptable)					
	M BEACH, FL 33407								
1	52.1011, 12 00 101		10	10135 CAOBA ST.  City PALM BEACH GARDENS FL Zip Code 334/0					
			City 2	) 	0 < 4 = 41	<u> </u>	FI ب	Zip Code	
O The above	named entity submits this statement for		internal office or	ACM	SEACH	GARDE-	o <u>s</u>	- 334	70
	named entity submits this statement to ions of registered agent.	the purpose of changing its req	gistered dilice or	register	ed agent, or bi	oin, in the State	oi rionoa. Faii	i ianillar willi,	and accept
(	De Puss	the ERLINES	- <i>1</i>				4/4/	. C.	
SIGNATURE	RUSS Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Agent signatu	ure required	when reinstating)		4/4/c	, <del>'</del>	
						<u> </u>			
	E NOW!!! FEE IS \$150.00	9. Election Campaign	Financing	\$5.	00 May Be				
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign	Financing	\$5.					
		9. Election Campaign Trust Fund Contribu	Financing	\$5.	00 May Be ed to Fees	CHANGES TO	OFFICERS AN		S IN 11
After Ma	OFFICERS AND	9. Election Campaign Trust Fund Contribu	Financing ution.   11.  IITLE	<b>\$5</b> . Add	00 May Be ed to Fees ADDITIONS			D DIRECTORS	S IN 11
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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 attactment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #