


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90020 012 \*\*\*150.00

<b>DOCUMENT # P00000099785</b>		
1. Entity Name <b>D &amp; D YACHT MANAGEMENT INC.</b>		

Principal Place of Business <del>260 SE 8TH ST</del> <b>POMPANO BEACH, FL 33060</b>	Mailing Address <del>260 SE 8TH ST</del> <b>POMPANO BEACH, FL 33060</b>
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**40008089**



2. Principal Place of Business <b>60 Francescan Lane</b>	3. Mailing Address <b>60 Francescan Lane</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01262005 Chg-P CR2E034 (10/03)

City & State <b>Palm Coast Fl</b>	City & State <b>Palm Coast Fl</b>
Zip <b>32137</b>	Country <b>USA</b>

4. FEI Number <b>65-1051600</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>MODAS, DANIEL A</b> <b>1215 SE 2ND AVE #202</b> <b>FT LAUDERDALE, FL 33335</b>	
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 _____	DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHUSTER, DAVID <del>260 SE 8TH ST</del> <del>POMPANO BEACH, FL 33060</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>60 Francescan Lane</b> <b>Palm Coast Fl 32137</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHUSTER, ANDREA <del>260 SE 8TH ST</del> <del>POMPANO BEACH, FL 33060</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>60 Francescan Lane</b> <b>Palm Coast Fl 32137</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE: <i>Andrea J. Schuster</i>	Date: <i>1/26/05</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #