


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90202 005 ***150.00

DOCUMENT # P00000114841	
1. Entity Name BOAT CAR COMPANY, INC.	

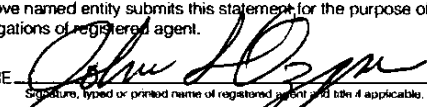
Principal Place of Business 397 MOORING LINE DR. NAPLES, FL 34103-3410	Mailing Address 397 MOORING LINE DR. NAPLES, FL 34103-3410
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2. Principal Place of Business - No P.O. Box # 20621 MARATHON CT	3. Mailing Address 20621 MARATHON CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State N. FORT MYERS, FL	City & State N. FORT MYERS, FL
Zip 33917	Zip 33917
Country LEE	Country LEE

6. Name and Address of Current Registered Agent BLACK, LINDA 397 MORNING LINE DR. NAPLES, FL 34102	
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7. Name and Address of New Registered Agent Name JOHN OZGA Street Address (P.O. Box Number is Not Acceptable) 20621 MARATHON CT. City N. FORT MYERS FL Zip Code 33917	
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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 4-25-08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OZGA, JOHN 48560 MARTZ RD BELLEVILLE, MI 48111 <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	VP REHKOPE, CHERIE 48560 MARTZ RD BELLEVILLE, MI 48111 <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
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 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.

SIGNATURE: 	DATE 4-25-08	DAYTIME PHONE # 734-649-8231
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