2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000015218

Entity Name: BOATERED, INC.

Address:

City-St-Zip:

29 CENTRAL AVE.

MAYS LANDING, NJ 08330 US

FILED May 18, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 378 NORTHLAKE BLVD., #292 N. PALM BCH, FL 33408 **Current Mailing Address: New Mailing Address:** 84 BRANCH TURNPIKE CONCORD, NH 03301 US FEI Number: 65-1080417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BATES, THOMAS ESQ 515 N. FLAGLER DR., SUITE 300-PAVILION W. PALM BCH, FL 33401 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: MS () Delete () Change () Addition VAN PARYS, JOAN Name: Name: 29 CENTRAL AVE. Address: Address: City-St-Zip: MAYS LANDING, NJ 08330 US City-St-Zip: Title: Title: MR. () Delete () Change () Addition Name: HALL, LESTER Name: 84 BRANCH TURNPIKE Address: Address: CONCORD, NH 03301 US City-St-Zip: City-St-Zip: Title: Title: MS () Delete () Change () Addition HALL, ELAINE Name: Name: 84 BRANCH TURNPIKE Address: Address: City-St-Zip: CONCORD, NH 03301 US City-St-Zip: Title: () Delete Title: () Change () Addition VAN PARYS, GEORGE Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: LESTER HALL MR. 05/18/2007