~2006 FOR PROFIT CORPORATION

FILED

NT # P0100001690	19		}	Secretary	z of State
R YACHTIES INC.				Secretary	of State
Principal Place of Business 209 SE 21ST STREET FORT LAUDERDALE, FL 33316 Mailing Address 209 SE 21ST STREET FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316		5		AN ARMINEN AREA IN BOUND BERNIN B	180 2004 ASSA 2016 ESSA 1806 A CERT
DO NOT WRITE IN THIS SPA			02132006 No Chg-P CRZE034 (11/05) 4. FEI Number Applied For 65-1076006 Not Applied For Not Applied For Status Desired □ \$8.75 Additional Fee Required		
Name and Address of Current Regis TREET RDALE, FL 33316	itered Agent				
registered agent.	d epplicable [NOTE: Pegistered	i Agent signature required	when reinalating)	- DA	re
Will FEE IS \$150.00 2006 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.		OO May Be ed to Fees	04/04/06-8003	366 39-021 150.00
OFFICERS AND DIRECT SE 21ST STREET IT LAUDERDALE, FL 33316 BETTER, DWIGHT J SE 21ST STREET IT LAUDERDALE, FL 33316	CTORS				·
	NOT WRITE II Name and Address of Current Regis TREET DALE, FL 33316 Sensity submits this statement for the pregistered agent. Noved or printed name of registered agent and size WIN FEE IS \$150.00 OFFICERS AND DIRECT KER, D.J. SE 21ST STREET T LAUDERDALE, FL 33316 SETTER, DWIGHT J SE 21ST STREET	NOT WRITE IN THIS SPACE Name and Address of Current Registered Agent FREET DALE, FL 33316 Sentily submits this statement for the purpose of changing its registered agent. Proved or printed name of registered agent and diverd applicable WINI FEE IS \$150.00 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS KER, D.J. SE 21ST STREET FLAUDERDALE, FL 33316 SETTER, DWIGHT J SE 21ST STREET	NOT WRITE IN THIS SPACE Name and Address of Current Registered Agent TREET DALE, FL 33316 If entity submits this statement for the purpose of changing its registered office or registere registered agent. INDEED TO SEE 18 \$150.00 OFFICERS AND DIRECTORS RESET T LAUDERDALE, FL 33316 SECTIFE, DWIGHT J SECURITY STREET TLAUDERDALE, FL 33316	NOT WRITE IN THIS SPACE Not write in this space Name and Address of Current Registered Agent DO IN Dentity submits this statement for the purpose of changing its registered office or registered agent, or be registered agent. Note: Provide or private name of registered agent and die of explicable Note: Provide or private name of registered agent and die of explicable Note: Provide or Agent signature required when reinsering) Provide or private name of registered agent, or be registered agent. Note: Providered Agent signature required when reinsering) Provide or private red of the signature agent and die of explicable Note: Providered Agent signature required when reinsering) Provide or private red of the signature agent and die of explicable Provide or private red of the signature agent and die of explicable Provide or private red of the signature agent and die of explicable Provide or private red of the signature agent agent agent agent agent, or be registered agent. Provide or private red of registered agent agent agent, or be registered office or registered agent, or be registered agent.	NOT WRITE IN THIS SPACE 02132006 No Chg-P CR

12. I hereby certify that the information supplied with this filling 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 like empowered.

SIGNATURE:

STREET ADDRESS

SIGNATURE NO TOPED OR PRINTED NAME OF SIGNAMS DEFICER OR DIRECTOR

3/14/06

Daytime Phone #