


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90078 024 ***150.00

DOCUMENT # P01000031241	
1. Entity Name ALL YACHTS WORLDWIDE, INC.	

Principal Place of Business 1426 CORAL AVENUE VERO BEACH, FL 32963	Mailing Address 1426 CORAL AVENUE VERO BEACH, FL 32963
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2. Principal Place of Business - No P.O. Box # 1900 S. Ocean Blvd. # 16K	3. Mailing Address 1900 S. Ocean Blvd. # 16K
Suite, Apt. #, etc. 16K	Suite, Apt. #, etc. 16K
City & State Lauderdale by the Sea, FL	City & State Lauderdale by the Sea, FL
Zip 33062	Zip 33062
Country USA	Country USA



07092007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1091785	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NORMAN, KAREN K 1426 CORAL AVENUE VERO BEACH, FL 32963	
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7. Name and Address of New Registered Agent	
Name Karen Kelly Norman	
Street Address (P.O. Box Number is Not Acceptable) 1900 S. Ocean Blvd 16K	
City Lauderdale by the Sea	FL Zip Code 33062

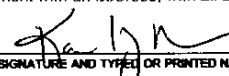
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NORMAN, KAREN K		NAME Norman, Karen K	
STREET ADDRESS 1426 CORAL AVE		STREET ADDRESS 1900 S. Ocean Blvd 16K	
CITY-ST-ZIP VERO BEACH, FL 32963		CITY-ST-ZIP Lauderdale by the Sea FL 33062	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 like empowered.

SIGNATURE:  7/18/07 954 632 3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #