


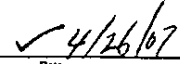


FILED
Jun 07, 2007 8:00 am
Secretary of State

06-07-2007 90004 043 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000053254		
1. Entity Name DEALERS CHOICE MARINE, INC.		
Principal Place of Business 5980 LAKEHURST DRIVE ORLANDO, FL 32819 US		Mailing Address 5980 LAKEHURST DRIVE ORLANDO, FL 32819 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MILLER, DAVID 5631 ALLIGATOR LAKE RD ST CLOUD, FL 34772		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST MILLER, DAVID 5631 ALLIGATOR LAKE RD. ST. CLOUD, FL 34772	
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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: 		Date:  4/26/07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>