


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P01000062812 |  |
| 1. Entity Name BOCA GRANDE HARBOR WEAR, INC. | |

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| Principal Place of Business 480 EAST AVENUE P.O. BOX 1228 BOCA GRANDE, FL 33921 | Mailing Address P.O. BOX 335 CHARLEVOIX, MI 49720 |
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01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 58-2633338 | Applied For 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 ROBISON, EMILY 1200 W. RETTA ESPLANDE PUNTA GORDA, FL 33950-5395 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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| 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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROBISON, EMILY 1200 W. RETTA ESPLANDE PUNTA GORDA, FL 339505395 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MABEE, JAMES D 12060 N. COUNTRY CLUB DR. CHARLEVOIX, MI 49720 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST RANGER, BETH 4153 BARNARD RD. CHARLEVOIX, MI 49720 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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| U00000483981 04/12/06-80021-019 150.00 |
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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: Beth H. Ranger, Sec. Treas. 1/16/06 231-547-0044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #