# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 09, 2007**
**Secretary of State**

DOCUMENT# P01608

**Entity Name:** BOAT/U.S., INC.

**Current Principal Place of Business:**

880 SOUTH PICKETT ST.
ALEXANDRIA, VA 22304

**New Principal Place of Business:**

**Current Mailing Address:**

880 SOUTH PICKETT ST.
ALEXANDRIA, VA 22304

**New Mailing Address:**

880 SOUTH PICKETT ST.
PO BOX 22381
ALEXANDRIA, VA 22304

**FEI Number: 54-1259466** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FLETCHER, VIRGINIA L
3326-5 LAKESHORE BLVD.
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: OAKERSON, WILLIAM,
Address: 9399 CROSS POINTE DR
City-St-Zip: FAIRFAX STATION, VA 22039

Title: S ( ) Delete
Name: MATEY, EVELYN,
Address: 12121 THOROUGHBRED RD
City-St-Zip: OAK HILL, VA 20171

Title: T ( ) Delete
Name: CARD, DIANA F
Address: 12212 EDDYSTONE COURT
City-St-Zip: LAKE RIDGE, VA 22192

Title: CD ( ) Delete
Name: SCHWARTZ, RICHARD,
Address: 1401 N. OAK STREET
City-St-Zip: ARLINGTON, VA 22209

Title: VPC ( ) Delete
Name: CARD, DIANA F
Address: 12212 EDDYSTONE CT.
City-St-Zip: WOODBRIDGE, VA 22192

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: WILLIAM OAKERSON P 01/09/2007

Electronic Signature of Signing Officer or Director — Date