

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 24, 2004 08:00 AM**  
**Secretary of State**

|   |   |  |
|---|---|--|
| <b>DOCUMENT # P02000017028</b>  |   |   |
| 1. Entity Name<br><b>STARBOARD CAPITAL, INC.</b>  |   |  |
| Principal Place of Business<br><b>476 HWY A1A<br/>SUITE 5A<br/>SATELLITE BEACH, FL 32937</b>  |   | Mailing Address<br><b>476 HWY A1A<br/>SUITE 5A<br/>SATELLITE BEACH, FL 32937</b>   |
| <b>DO NOT WRITE IN THIS SPACE</b>   |   |  |
| 5. Name and Address of Current Registered Agent<br><br><b>DALEIDEN, PATRICK M<br/>476 HWY A1A<br/>SUITE 5A<br/>SATELLITE BEACH, FL 32937</b>  |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
| 10. OFFICERS AND DIRECTORS  |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>DALEIDEN, PATRICK M<br>476 HWY A1A, STE. 5A<br>SATELLITE BEACH, FL 32937 | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>[Signature]</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | Date <u>5/20/04</u> Daytime Phone # <u>321-778-8872</u>  |