

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000070116

FILED
Jul 10, 2009
Secretary of State**Entity Name:** CENTRAL FLORIDA WATER CRAFTS, INC.**Current Principal Place of Business:**5925 AVENDIA VISTA
ORLANDO, FL 32821**New Principal Place of Business:**8505 W. IRLO BRONSON HIGHWAY
KISSIMMEE, FL 34747**Current Mailing Address:**4417 13TH ST.
PMB 330
ST. CLOUD, FL 34769**New Mailing Address:****FEI Number:** 43-1965510**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BENKEN, MINDY A
4417 13TH NST. PMB 330
ST. CLOUD, FL 34769 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

OFFICERS AND DIRECTORS:**Title:** PRES () Delete
Name: BENKEN, KRIS
Address: 4417 13TH ST PMB 330
City-St-Zip: ST CLOUD, FL 34769**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SEC () Change (X) Addition
Name: BENKEN, MINDY A
Address: 4417 13TH. ST. PMB 330
City-St-Zip: ST. CLOUD, FL 34769

I hereby certify that the information supplied with this filing does not qualify 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: MINDY BENKEN

SEC

07/10/2009

Electronic Signature of Signing Officer or Director

Date