2006 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # P02000078886 CAPTAIN CHRIS'S CHARTERS & TOURS, INC. Mailing Address Principal Place of Business 6135 LAKEFRÓNT DR 6135 LAKEFRONT DR FORT MYERS, FL 33908 FORT MYERS, FL 33908 03292006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0094779 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WALLACE, CHRISTOPHER DO NOT WRITE 6135 LAKE FRONT DR FORT MYERS, FL 33908 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, if the State of Florida. I am familiar with, and accept the obligations of registered agent. (NDTE Registered Agent algorithms required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME WALLACE, CHRISTOPHER _____U00000500332 _____U04/**2**5/06-30017-025_150.00 STREET ADDRESS 6135 LAKE FRONT DR CITY-ST-ZIP FORT MYERS, FL 33908 TITLE NAME STREET ADDRESS CHTY-57-219 TITLE NAME STIFEET ADDRESS DO NOT WRITE CITY-ST-ZTP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHTY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further of 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 oatly the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name changed, or on an attachment with any didness, with all other like empowered.

FILED

or Block 11 if

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