2007 FOR PROFIT CORPORATION

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Jan 26, 2007 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P03000011953 1. Entity Name MASCARI & ASSOCIATES YACHT SALES, INC. Principal Place of Business Mailing Address 15011 PUNTA RASSA RD SW 3-603 15011 PUNTA RASSA RD SW 3-603 FT MYERS, FL 33908 FT MYERS, FL 33908 01152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 54-2093746 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MASCARI, MICHAEL DO NOT WRITE 15011 PUNTA RASSA RD SW 3-603 FT MYERS, FL 33908 IN THIS SPACE urpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named the obligations q SIGNATI 000000606082 01/30/07-80064-007 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150:00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MASCARI, MICHAEL STREET ADDRESS 15011 PUNTA RASSA RD SW 3-603 CITY-ST-ZIP FT MYERS, FL 33908 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

FILED

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 suppliemental report is true and accurate and that my aggnature 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 trusted 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 a