2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jan 28, 2008 8:00 am Secretary of State DOCUMENT # P03000011953 01-28-2008 90050 042 ***150.00 MASCARI & ASSOCIATES YACHT SALES, INC. Principal Place of Business Mailing Address 4001100. 15011 PUNTA RASSA RD SW 3-603 15011 PUNTA RASSA RD SW 3-603 FT MYERS, FL 33908 FT MYERS, FL 33908 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112008 Chg-P CR2E034 (12/06) City & State City & State L FEI Number Applied For 54-2093746 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MASCARI, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 15011 PUNTA RASSA RD SW 3-603 FT MYERS, FL 33908 Zip Code 8. The above named entity submits this statement or 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 ages SIGNATURE DATE 9. Election Campaign Financing \$5.00 May Be FILÈ NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE D ☐ Delete TITLE ☐ Change ■ Addition MASCARI, MICHAEL NAME NAME STREET ADDRESS 15011 PUNTA RASSA RD SW 3-603 STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33908 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ■ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 disce 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 tipe appropried.

FILED

439-275-7766