2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# P03000095999

Entity Name: THE SHIPYARD GROUP, INC.

Current Principal Place of Business:

3051 STATE ROAD 84
FT. LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

3051 STATE ROAD 84
FT. LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 26-2772364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOUGLAS, GENE
3051 STATE ROAD 84
FT. LAUDERDALE, FL 33312 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: COSMAN, DIETER
Address: 3051 STATE ROAD 84
City-St-Zip: FT. LAUDERDALE, FL 33312 US

Title: PD ( ) Delete
Name: ENGLE, PAUL
Address: 3051 STATE ROAD 84
City-St-Zip: FT. LAUDERDALE, FL 33312 US

Title: V ( ) Delete
Name: KRIGGER, THOMAS
Address: 3051 STATE ROAD 84
City-St-Zip: FT. LAUDERDALE, FL 33312 US

Title: V ( ) Delete
Name: DOUGLAS, GENE
Address: 3051 STATE ROAD 84
City-St-Zip: FT. LAUDERDALE, FL 33312 US

Title: V ( ) Delete
Name: THOMAS, TOM
Address: 3051 STATE ROAD 84
City-St-Zip: FT. LAUDERDALE, FL 33312 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V ( ) Change (X) Addition
Name: NITABACH, KATHLEEN
Address: 3051 STATE ROAD 84
City-St-Zip: FT. LAUDERDALE, FL 33312 US

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: TOM THOMAS V 01/13/2009

Electronic Signature of Signing Officer or Director Date