2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000115610

Title:

Name:

Address: City-St-Zip: (X) Delete

NORTH FORT MYERS, FL 33917

HEFFNER, MICHAEL

2220 CAPE WAY

FILED Aug 17, 2006 Secretary of State

Entity Name: BOATLIFT SYSTEMS, INC. **Current Principal Place of Business: New Principal Place of Business:** 7521 ALUMINUM ROAD UNIT#3 NORTH FORT MYERS, FL 33903 **New Mailing Address: Current Mailing Address:** 2220 CAPE WAY NORTH FORT MYERS, FL 339172508 FEI Number: 20-0316482 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHUTT, DARRIN R 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL, FL 33904 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD () Delete Title: () Change () Addition DEBUIGNY, PETER Name: Name: 2220 CAPE WAY Address: Address: City-St-Zip: NORTH FORT MYERS, FL 339172508 City-St-Zip: Title: VΡ Title: VΡ () Delete (X) Change () Addition DEBUIGNY, PETER Name: KABLER, DOUGLAS A Name: 2220 CAPE WAY 2220 CAPE WAY Address: Address: NORTH FORT MYERS, FL 33917 NORTH FORT MYERS, FL 339172508 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PETER DEBUIGNY PD 08/17/2006

() Change () Addition