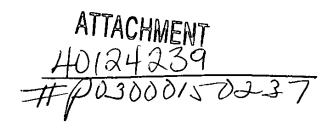
2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 11, 2007 8:00 am Secretary of State DOCUMENT # P03000150237 1. Entity Name 07-11-2007 90075 009 ***150.00 ISLAMORADA QUEEN BOAT COMPANY, INC. Principal Place of Business Mailing Address 86739 OLD HIGHWAY 86739 OLD HIGHWAY **UNIT E 1-2-3 UNIT E 1-2-3** ISLAMORADA, FL 33036 ISLAMORADA, FL 33036 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 83311 83311 OW HWY Suite, Apt. #, etc. 07062007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 'SLAMORADA ISLAMORADA 80-0100868 Not Applicable Country U.S. 3303<u>6</u> \$8.75 Additional 33036 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORTON, JAMES C Street Address (P.O. Box Number is Not Acceptable) 83311 OLD HIGHWAY ISLAMORADA, FL 33036 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 14, 2007 Added to Fees corporation did not receive the prior notice OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition MORTON, JAMES C NAME NAME STREET ADDRESS 83311 OLD HIGHWAY STREET ADDRESS ISLAMORADA, FL 33036 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIII F ☐ Delete me ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ 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 trustee 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 like empowered. SCHATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR **SIGNATURE**

FILED



AS YOU CAN SEC WE MOVED AND DID NOT RECIEVE ORIGINAL NATICE OR REPORT. WILLIAM THE POST OFFICE FOURTHOOD THE INTENT TO DISSOLVE AND WE CAUGHT it IN time. Thank you For your cooperation for. Medicine