2898 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Jan 16, 2008 08:00 AN Secretary of State DOCUMENT # P04000034967 1. Entity Name SHIPWATCH REALTY, INC. Principal Place of Business Mailing Address 14515 WALSINGHAM RD. 14515 WALSINGHAM RD. LARGO, FL 33774 US LARGO, FL 33774 US 01102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0782817 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAPLANTE, ANDREA L PRES DO NOT WRITE 14515 WALSINGHAM RD LARGO, FL 33774 IN THIS SPACE 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 Florida. I am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE LAPLANTE, ANDREA L PRES NAME 14515 WALSINGHAM RD STREET ADDRESS U000000786108 CITY-ST-ZIP LARGO, FL 33774 01/17/08-80026-025 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

SIGNATURE:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

//// 08 727-596-65-08

Date Daytime Phone #