## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 30, 2006 08:00 AN DOCUMENT # P04000038987 **Secretary of State** 1. Entity Name BOAT DRINKS, INC. Principal Place of Business Mailing Address 1860 GULF COURT 1860 GULF COURT INDIALANTIC, FL 32903 INDIALANTIC, FL 32903 US US 01272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0804274 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE VAN DAM, ERIC S 1860 GULF COURT INDIALANTIC BEACH, FL. 32903 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550,00 OFFICERS AND DIRECTORS 10. PNP TITLE NAME VAN DAM, ERIC S 1860 GULF COURT STREET ADDRESS CITY-ST-ZIP INDIALANTIC, FL 32903 TITLE 1100000407843 02/08/06-80034-024 150.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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 cath; 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.

ANG OFFICER OR DIRECTOR

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MARINANT.

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27/06 321.7273901

FILED

Daytime Phone #