
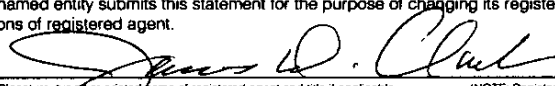
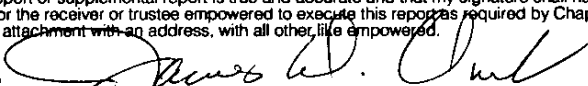


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90014 015 ***150.00

DOCUMENT # P04000105501 1. Entity Name CYS YACHT MANAGEMENT, INC.			
Principal Place of Business 1 AVENUE "A" - STE 11 FT PIERCE, FL 34950		Mailing Address 1 AVENUE "A" - STE 11 FT PIERCE, FL 34950	
2. Principal Place of Business - No P.O. Box # 1121 COLONIAL RD Suite, Apt. #, etc.		3. Mailing Address 1121 COLONIAL RD Suite, Apt. #, etc.	
City & State FT. PIERCE, FL Zip 34950		City & State FT. PIERCE Zip FL 34950	
4. FEI Number 20-1247728		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, JACKIE 1 AVENUE "A" - STE 11 FT PIERCE, FL 34950		7. Name and Address of New Registered Agent Name JAMES D. CLARK Street Address (P.O. Box Number is Not Acceptable) 1121 COLONIAL RD City FT. PIERCE FL Zip Code 34950	
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  DATE 2-7-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME CLARK, JACKIE STREET ADDRESS 1 AVENUE "A" - STE 11 CITY - ST - ZIP FT PIERCE, FL 34950	<input checked="" type="checkbox"/> Delete	TITLE PD NAME CLARK JAMES STREET ADDRESS 1121 COLONIAL RD CITY - ST - ZIP FT PIERCE, FL 34950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP CLARK, JACKIE 1121 COLONIAL RD FT. PIERCE, FL 34950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 2-7-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		RECEIVED FEB 12 2007 772-834-8613	