2008 FOR PROFIT CORPORATION

May 05, 2008 8:00 am Secretary of State **ANNUAL REPORT** 05-05-2008 90251 022 ***150.00 DOCUMENT # P04000107910 1. Entity Name SIGNATURE YACHT BROKERAGE, INC. Principal Place of Business Mailing Address 40097105 4496 SEEHELGEA CIR 4496 SEEHELGEA CIR STUART, FL 34997 STUART, FL 34997 2. Principal Place of Business - No P.O. Box # 3. Mailing Address P.O. Box 246 Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 04242008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Port Salerno FL 34-2007246 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34992-0246 ٨٤υ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RANCOUR, CHARLES J JR Street Address (P.O. Box Number is Not Acceptable) 4496 SE CHELSEA CIR STUART, FL 34997 City Zip Code 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 little if applicable (NOTE: Registered Agent signature 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 П Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D ☐ Delete TITLE ☐ Change ☐ Addition RANCOUR, CHARLES J JR NAME NAME STREET ADDRESS 4496 SE CHELSEA CIR STREET ADDRESS CITY-ST-7IP STUART, FL 34997 CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE TITLE Delete Change ☐ Addition NAME-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 appears, with all other like empowered.

FILED

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