
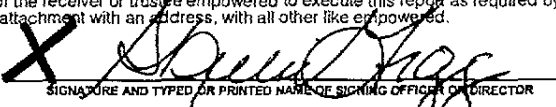


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000113334 1. Entity Name FLORIDA YACHT INSURANCE WHOLESALERS, INC.		
Principal Place of Business 485 SW 198 TERR PEMBROKE PINES, FL 33029	Mailing Address PO BOX 297665 PEMBROKE PINES, FL 33029	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GROGG, SHELLIE A 485 SW 198 TERR PEMBROKE PINES, FL 33029		
DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div style="width: 30%; text-align: right;"> 000000545062 05/11/06-80062-010 150.00 </div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE	PST	
NAME	GROGG, SHELLIE A	
STREET ADDRESS	485 SW 198 TERR	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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.		
SIGNATURE:  4/29/2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2476122	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE
IN THIS SPACE

DO NOT WRITE
IN THIS SPACE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #