2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 19, 2007 8:00 am Secretary of State **DOCUMENT # P04000117696** 03-19-2007 90063 038 ***150.00 IYC YACHT SALES, INC. Principal Place of Business Mailing Address 923 4TH STREET WEST 923 4TH STREET WEST PALMETTO, FL 34221 PALMETTO, FL 34221 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 Cha-P CR2E034 (12/06) Applied For 4 FEI Number City & State City & State 75-3164059 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARSON, TEDDY SHANE Street Address (P.O. Box Number is Not Acceptable) 923 4TH STREET WEST PALMETTO, FL 34221 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D/P-ST DΡ ☐ Delete TITLE XXX Change ☐ Addition TITLE PARSON, TEDDY SHANE PARSON, TEDDY SHANE NAME NAME STREET ADDRESS 923 4th Street West STREET ADDRESS 923 4TH STREET WEST Palmetto, Florida 34221 PALMETTO, FL 34221 CITY-ST-ZIP CITY-ST-ZIP DST XX Delete Change **XX**Addition TITLE WHITEAKER, CHARLES E ¢ARUSO, DAN NAME 923 4TH STREET WEST STREET ADDRESS \$23 4th Street West STREET ADDRESS Palmetto, Florida 34221 CITY-ST-ZIP PALMETTO, FL 34221 XX Delete ☐ Change ☐ Addition WHITEAKER, DEBRAIR NAME NAME 923 4TH STREET WEST STREET ADDRESS STREET ADDRESS PALMETTO, FL 34221 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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changed, or on an attachment with an address, with all other like empowered. Grand Yaron TEDDY SHANE PARSON, President 941-726-3934 D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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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 if am an officer or director of the corporation of 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

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