


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90015 048 ***150.00

DOCUMENT # P04000122697		
1. Entity Name MAR-LYNN YACHT EXPORT & SERVICES, INC.		

Principal Place of Business 2333 PONCE DE LEON BLVD. SUITE 303 CORAL GABLES, FL 33134 US	Mailing Address 2333 PONCE DE LEON BLVD. SUITE 303 CORAL GABLES, FL 33134 US
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2. Principal Place of Business - No P.O. Box # 1395 BRICKELL AVE.	3. Mailing Address 1395 BRICKELL AVE.
Suite, Apt. #, etc. 700	Suite, Apt. #, etc. 700
City & State MIAMI	City & State MIAMI
Zip 33131	Country USA

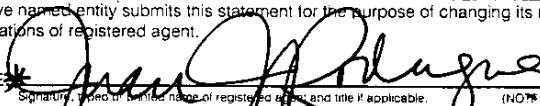
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03192007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1535022		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 XIKUES, ALBERT J ESQ. 101 MADEIRA AVENUE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name JUAN J. RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 1395 BRICKELL AVE. SUITE 700 City MIAMI FL Zip Code 33131

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.

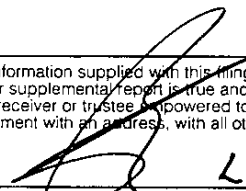
SIGNATURE  DATE **3-19-07**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. BUDD, LARRY G PRES. <input type="checkbox"/> Delete 2333 PONCE DE LEON BLVD., SUITE 303 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. STEWART, GEORGE L VP <input type="checkbox"/> Delete 2333 PONCE DE LEON BLVD., SUITE 303 CORAL GABLES, FL 33134	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
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:  **LARRY BUDD** Date **03/19/07** Davina Phone # **305-285-7240**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR