01/22/2008 10:48 904-764-1881 NOEL BOOKK

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Secretary of State
01-25-2008 90024 047 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000128601

1. Entity Name
BIG BLUE YACHT MANAGEMENT INC.

40010229

Principal Place of Business	Mailing Address
757 SE 17TH ST. 706 FORT LAUDERDALE, FL 33316	757 SE 17TH ST. 706 FORT LAUDERDALE, FL 33316

01222008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 20-1597220 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ANDREWS, TOM~~
~~9 SW 13TH STREET~~
~~FORT LAUDERDALE, FL~~ 33315

~~James Kassel~~
~~757 SE 17th St. 706~~
~~Fort Lauderdale~~
~~FL 33316~~

7. Name and Address of New Registered Agent

Name: JAMES KASSEL
Street Address (P.O. Box Number is Not Acceptable): 757 SE 17th St. suite 706
City: Fort Lauderdale FL Zip Code: 33316

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] 1-22-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KASSEL, JAMES 757 SE 17TH ST. # 706 FORT LAUDERDALE, FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DICKENS-KASSEL, ERIN 757 SE 17TH ST. # 706 FORT LAUDERDALE, FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 1-22-08 (954) 609-5958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #