

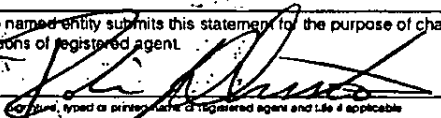
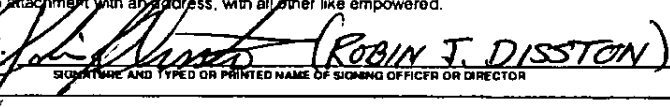


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-04-2005 90071 015 ***150.00

DOCUMENT # P04000166905 1. Entry Name PANGA BOAT CORPORATION					
Principal Place of Business 2600 NO. FLAGLER DRIVE WEST-PALM BEACH FL 33407				Mailing Address 2600 NO. FLAGLER DRIVE WEST PALM BEACH FL 33407	
2. Principal Place of Business 230 GREENWOOD DR. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 230 GREENWOOD DR <small>Suite, Apt. #, etc.</small>			
City & State WEST PALM BCH, FL		City & State WEST PALM BCH, FL		4. FEI Number 02-0694856	
Zip 33405		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DISSTON, ROBIN J 2600 NO. FLAGLER DRIVE WEST PALM BEACH FL 33407				7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 230 GREENWOOD DR City & State WEST PALM BCH, FL Zip Code 33405	
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  Pres. 3/30/05 <small>(Signature typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS: \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PS DISSTON, ROBIN J 2600 NO. FLAGLER DRIVE WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	230 GREENWOOD DR. WEST PALM BCH, FL 33405	<input checked="" 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
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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 exemption stated in Section 119.07(3)(i), 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  (ROBIN J. DISSTON) 3/30/05 561/833-3750 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					