
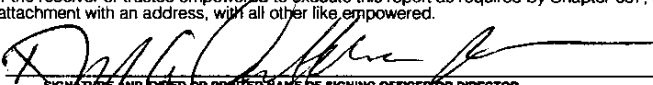


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90271 004 ***150.00

DOCUMENT # P05000030532			
1. Entity Name DUX BOATS OF FLORIDA, INC.			
Principal Place of Business 84511JFTLILFZIDEDMF TEBETPUB!QM45353		Mailing Address 84511JFTLILFZIDEDMF TEBETPUB!QM45353	
2. Principal Place of Business 734 SIESTA Key Circle		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota FL		City & State	
Zip 34242	Country USA	Zip	Country
4. FEI Number 65-0232872		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		90/86 Additional Fee Required	
6. Name and Address of Current Registered Agent CUTTLER, MICHAEL 734 SIESTA KEY CIRCLE SARASOTA, FL 34242		7. Name and Address of New Registered Agent Name: Michael A. Currier Street Address (P.O. Box Number is Not Acceptable): 734 SIESTA Key Circle City: Sarasota FL GM Zip Code: 34242	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		: / Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> %/11 Nbz!Cf! Beef elup!Gft	
21/ OFFICERS AND DIRECTORS		22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CUTTLER, MICHAEL 734 SIESTA KEY CIRCLE SARASOTA, FL 34242 <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
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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 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: 		Date: 4-10-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	