FILED Jun 19, 2006 8:00 am Secretary of State 05-05-2006 90178 019 ***150.00

1. Entity Name ANCHOR YACHT INTERIOR INC.									
Principal Place of Business 5408 FLINT ROAD COCOA FL 32927 US		Mailing Address 5408 FLINT ROAD COCOA. FL 32927 US					66	0195	83
	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #. etc.			03152006	Chg-P	CR2E	034 (11/05)	,
City & State		City & State			4. FEI Numbe	572 544	90)	1—1-	oplied For lot Applicable
Zip	Country Zip		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			Iditional	
	6. Name and Address of Cur	rent Registered Agent.	Name	9	7. Name and	Address of New	Registered	Agent	
FILIAULT, BRADLEY J 6090 GRISSOM PKWY.			Stree	Street Address (P.O. Box Number is Not Acceptable)					
COCOA, F	L 32927								
			City				Fl	Zip Cod	e
	named entity submits this stateme tions of registered agent.				_	h. in the State of I		familiar with	, and accept
	Signature, typed or printed name of registered	agent and fule if applicable (NO)	E Recusioned Agent ac	Justine Ledimed w	when renstating)		DATE		
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$5				O May Be d to Fees				
10.	OFFICERS D. P	AND DIRECTORS	11.	-	ADDITIONS/	CHANGES TO O	FFICERS AN		
NAME STREET ADDRESS CITY-ST-ZP	BENOIT, RENE' J 5408 FLINT ROAD COCOA, FL 32927	☐ Delete	HAME STREET ADORES CITY-SI-ZIP	zs.				☐ Change	☐ Addition
TITLE	D, S	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	BENOIT, LISA 5408 FLINT ROAD COCOA, FL 32927		NAME STREET ADDRES CITY-ST-ZIP	s					
TITLE NAME		Delete	TITLE		·			Change	Addition
STREET ADDRESS CITY-ST-ZIP		• -	STREET ADORES	is					· - ·
TITLE		☐ Delizie	TITLE NAME					Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRES	is					
HITLE NAME		☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADORESS Cutt-St-ZIP			STREET ADDRES	ss]					
IITLE NAME STREET ADDRESS CHTY-ST-ZIP		() Delete	TITLE MAME STREET ADORES CITY-ST-ZIP	is				☐ Change	Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions schlained 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 turgitee 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 sanddress, with all other like empowered.									
SIGNATURE: Lene & Semony 4-12-06									