2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000059946

1. Entity Name

SIGNATURE

Principal Place of Business

MARLOW YACHTS LIMITED, INC.

4204 13TH STREET COURT WEST 4204 13TH STREET COURT WEST

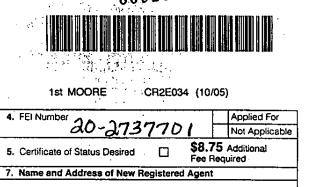
Signature, typed or printed name of registered agent and title it applicable.

SNEAD ISLAND	FL 34221						
2. Principal Place of Business		3. Mailing Addres	SS				
Suite, Apt. #, etc. City & State		Suite, Apt. #, e	tc.	1st MOORE C			
		City & State		4. FEI Number 20-2737			
Zip	Country	Zip	Country	5. Certificate of Status Desired			
	. Name and Address of Cu	rrent Registered Agent	· · · · · · · · · · · · · · · · · · ·	7. Name and Address of New Re			
DICUS	ALIBREV O ID	Na	me				
DICUS, AUBREY O JR. 980 TYRONE BLVD.				Street Address (P.O. Box Number is Not Acceptable)			
SI. PE	TERSBURG FL 3371						

Mailing Address

FILED May 11, 2006 8:00 am Secretary of State

05-02-2006 90212 037 ***150.00



Zip Code

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.

City

(NOTE: Registered Agent signature required when reinstating)

After Make Check	ILE NOW II FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 C Payable to Forlda Department of State	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10. OFFICERS AND DIRECTORS		ors	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNOVA, MICHAEL F 4204 13TH STREET COURT WEST SNEAD ISLAND FL 34221	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		They are the self-transport	☐ Change	Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP	D MARLOW, DAVID 4204 13TH STREET COURT WEST SNEAD ISLAND FL 34221	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		☐ Change	Addition Addition	
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NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TIFLE 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	10 Justings 1 1 - 9 Fe		☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

4/11/06