2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 06, 2006 8:00 am Secretary of State **DOCUMENT # P05000116909** 04-06-2006 90026 010 ***150.00 WARPATH YACHTS, INC. Mailing Address Principal Place of Business 14605 SW 75 AVE. 14605 SW 75 AVE. 50009717 MIAMI, FL 33158 MIAMI, FL 33158 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 Cha-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 90-0247002 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEEPLES, RICHARD Street Address (P.O. Box Number is Not Acceptable) 14605 SW 75 AVE. MIAMI, FL 33158 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aigneture required when rematating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE n Delete ☐ Change ☐ Addition TITLE PEEPLES, RICHARD NAME NAME 14605 SW 75 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33158 CITY-ST-7IP Delete Change ☐ Addition IIII F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Delete ☐ Change Addition TITLE TITLE MALAF NAME STREET ADORESS STREET ADORESS CMY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Addition TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 9 npowered.

IG OFFICER OR DIRECTOR

4 APROB

Daytime Phone #

FILED