2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90362 027 ***150.00 **DOCUMENT # P06000066006** 1. Entity Name BOATSHED USA, INC. 40000001 Mailing Address Principal Place of Business P.O. BOX 56 1035 RIVERSIDE DRIVE LARGO, FL 33779 PALMETTO, FL 34221 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 04232008 Chg-P CR2E034 (12/06) Applied For 4. FEI Number City & State City & State 41-2205769 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Accountin <u>10005</u> INCORP SERVICES, INC. (P.O. Box Number is Not Acceptable) 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 City Zip Code 3*4207* 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 (HOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and to if Apolicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PRES Delete ☐ Change ☐ Addition TITLE TITLE NAME CHAPMAN, NEIL P.O. BOX 56 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO, FL 33779 CITY-ST-ZIP SEC TITLE ☐ Delete ☐ Change Addition CHAPMAN, MANDY NAME NAME P.O. BOX 56 STREET ADDRESS STREET ADDRESS CITY-ST-7IP LARGO, FL 33779 CITY-ST-ZIP TITLE ☐ Delete TITI E ☐ Change ☐ Addition NAME CHAPMAN, ANTONY NAME STREET ADDRESS 3244 E. GLENROSA AVF. STREET ADDRESS CITY-ST-ZIP PHOENIX, AZ 85018 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BATLEY, ROGER NAME NAME STREET ADDRESS 1035 RIVERSIDE DRIVE STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-S1-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-71P 12. I hereby certify that the information supplied with this tiling 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 of trueses 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 attachrapht with an addless, why all other like empowered.

ROGER BALLET

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PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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