

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90030 012 ***150.00

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|---|---------------------------------|--|--|---|--|
| DOCUMENT # P07000017348 1. Entity Name PROYACHTSALES INC. | | | |  | |
| Principal Place of Business 516 SE 5TH AVE CAPE CORAL, FL 33990 US | | | Mailing Address P.O. BOX 100609 CAPE CORAL, FL 33910 US | | |
| 2. Principal Place of Business - No P.O. Box # 1759 SE 46th Street | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Cape Coral FL | | City & State | | | |
| Zip 33904 | | Country US | | Zip Country | |
| 4. FEI Number 20-8415182 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FIRNHABER, PETER M 516 SE 5TH AVE CAPE CORAL, FL 33990 | | | 7. Name and Address of New Registered Agent Name Peter Firnhaber Street Address (P.O. Box Number is Not Acceptable) 1759 SE 46th Street City Cape Coral FL Zip Code 33904 | | |
| 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: 03/28/08 <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, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P NAME FIRNHABER, PETER M STREET ADDRESS 516 SE 5TH AVE CITY-ST-ZIP CAPE CORAL, FL 33990 | <input type="checkbox"/> Delete | | TITLE P NAME Firnhaber P STREET ADDRESS 1759 SE 46th St. Cape Coral FL 33904 CITY-ST-ZIP CAPE CORAL FL 33904 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D.S NAME FIRNHABER, PETER M STREET ADDRESS 516 SE 5TH AVE CITY-ST-ZIP CAPE CORAL, FL 33990 | <input type="checkbox"/> Delete | | TITLE DS NAME Firnhaber P STREET ADDRESS 1759 SE 46th St. Cape Coral FL 33904 CITY-ST-ZIP CAPE CORAL FL 33904 | <input checked="" 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 | |
| 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 an other like empowered. | | | | | |
| SIGNATURE:  | | | Date: 03/28/08 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |