2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000042637

Address:

City-St-Zip:

P.O. BOX 331931

COCONUT GROVE, FL 332331931 US

Entity Name: YACHT SERVICE PROFESSIONALS, INC.

FILED Jan 16, 2006 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|---|--|--------------------------------|---|---|--|
| DINNER K | AMERICAN D KEY MARINE T GROVE, FL | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| P.O. BOX MIAMI, FL | 331931 332331931 L | JS | | | |
| FEI Number | : 65-0421601 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | d Address of (| Current Registered Agent: | Name and Address | of New Registered Agent: | |
| 3400 PAN | VEEN, JAMES AMERICAN D T GROVE, FL |)R | | | |
| | e named entity e of Florida. | submits this statement for the | purpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | | nic Signature of Registered Ag | ent | Date | |
| Election Ca | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | WOODRUFF, P.O. BOX 3319 | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | MQQUICKLIN, P.O. BOX 3319 | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | OTANO, ROGE P.O. BOX 3319 | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| | DIR (|) Delete | Title: | | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JAMES R. VAN DER VEEN PRES 01/16/2006