2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2005 8:00 am Secretary of State

Section Place of Business	DOCUMENT # P93000081824 1. Entity Name CALIBER YACHTS, INC.						05-06-2005	90082 033 ***	'15 0.00	1
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City & State City & State City & State City &	2. Principal P	ace of Business	3. Mailing Address							
Substitution Subs	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04222005	Chg-P	CR2E034 (10/	03)	
Name and Address of Current Regular Section Sectio	City & State		City & State				421			
MCCREARY MICHAEL 4551 107TH CIRCLE NORTH CLEARWATER, FL 33762 8. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmillar with and accept the obligations of registered agent. SIGNATURE Signature Signature species and office or registered agent, or both, in the State of Florida. I am farmillar with and accept the obligations of registered agent. SIGNATURE Signature species and office or registered agent, or both, in the State of Florida. I am farmillar with and accept the obligations of registered agent. SIGNATURE Signature species and office or registered agent, or both, in the State of Florida. I am farmillar with and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with and accept the obligations of registered agent. SIGNATURE Signature species and or registered agent, or both, in the State of Florida. I am farmillar with and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with and accept the obligations of Plant and accept the obligation of Plant and accept	Zip	Country	Zip	Count	try	5. Certificate o	f Status Desired			al .
MCCREARY MICHAEL Street Address (P.O. Box Number is Not Acceptable) City FL City	·	6. Name and Address of Current		7. Name and A	ddress of New R	Registered Agent				
Sireet Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	MOODEAG	N MICHAEL	Name .							
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Common to be described agent to be described agent to be described agent. Common to be described agent.	4551 107TH CIRCLE NORTH				Street Address (P.O. Box Number is Not Acceptable)					
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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 appress, with all other like empowered.

SIGNATURE:

573-0627