## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2008 08:00 A Secretary of State DOCUMENT # P94000074484 F.N.C. YACHT DESIGN & MARINE ENGINEERING, INC. Principal Place of Business Mailing Address 709 SW 10TH ST 709 SW 10TH ST FT LAUDERDALE, FL 33315 FT LAUDERDALE, FL 33315 No Chg-P CR2E034 (11/05) 01082008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0543610 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Recuired 6. Name and Address of Current Registered Agent NISBETT, WALTER H DO NOT WRITE 709 SW 10TH ST FT LAUDERDALE, FL 33315 IN THIS SPACE 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 signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be  $\Box$ Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NISBETT, WALTER H NAME STREET ADDRESS % 709 SW 10TH ST CITY-ST-ZIP FT LAUDERDALE, FL 33315 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 empowered.

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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

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