2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 09, 2005 08:00 AM DOCUMENT # P95000002811 **Secretary of State** LUXURY YACHT AND REAL ESTATE CONNECTIONS. INC. Principal Place of Business Mailing Address 660 TENNIS CLUB DR PO BOX 70190 UNIT 1-305 UNIT J-305 FT LAUDERDALE, FL 33311 FT LAUDERDALE, FL 33307 DO NOT WRITE IN THIS SPACE 04062005 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 65-0567090 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent grant of the first of the contraction of the contraction of the contract of th COPP, WHITNEY D DO NOT WRITE 660 TENNIS CLUB DR **UNIT J-305** IN THIS SPACE FT LAUDERDALE, FL 33311 6. 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 Supparture, typed or pointed name of registered event and title dispositivable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000295969 OFFICERS AND DIRECTORS 04/03/05-80043-00 10. PST TITLE COPP, WHITNEY D NAME STREET ADDRESS 660 TENNIS CLUB DR UNIT J-305 FT LAUDERDALE, FL 33311 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE STREET ADDRESS CITY - ST - ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 ceth; 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.

SIGNATURE:

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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/7/05 90

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