

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000048816

Entity Name: BOAT DEALERS' ALLIANCE, INC.

FILED  
Jan 05, 2007  
Secretary of State

## Current Principal Place of Business:

314 FLANDERS RD  
2B  
EAST LYME, CT 06333

## New Principal Place of Business:

## Current Mailing Address:

314 FLANDERS RD  
2B  
EAST LYME, CT 06333

## New Mailing Address:

FEI Number: 41-1822266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 S PINE ISLAND  
FORT LAUDERDALE, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: EXO ( ) Delete  
Name: OLSON, BRIAN  
Address: 314 FLANDERS RD SUITE 2B  
City-St-Zip: EAST LYME, CT 06333

Title: PD ( ) Delete  
Name: SOUCY, ROBERT  
Address: SPRING POINT MARINE  
City-St-Zip: SOUTH PORTLAND, ME 04116

Title: VPD ( ) Delete  
Name: RUSSO, SR, LARRY  
Address: 357 MYSTIC AVE  
City-St-Zip: MEDFORD, MA 02155

Title: TD ( ) Delete  
Name: DILL, PHIL JR.  
Address: 1520 NORTH STEMMONS  
City-St-Zip: LEWISVILLE, TX 75067

Title: SD ( ) Delete  
Name: HEBERT, MIKE  
Address: 1140 I-H 10 NORTH  
City-St-Zip: BEAUMONT, TX 77702

Title: D ( ) Delete  
Name: COPE, KEN  
Address: 1725 WEST HWY 50  
City-St-Zip: O FALLON, IL 62269

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: DILL, PHIL JR  
Address: 1520 NORTH STEMMONS  
City-St-Zip: LEWISVILLE, TX 75067

Title: VPD (X) Change ( ) Addition  
Name: MACCALLUM, PETER  
Address: P.O. BOX 744  
City-St-Zip: EPSOM, NH 03234

Title: TD (X) Change ( ) Addition  
Name: AUSTIN, JOANN  
Address: 208 N. 169 HIGHWAY, P.O. BOX 399  
City-St-Zip: SMITHVILLE, MO 64089

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: BRIAN OLSON

EXO

01/05/2007

Electronic Signature of Signing Officer or Director

Date