2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000048816

Entity Name: BOAT DEALERS' ALLIANCE, INC.

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
314 FLANDERS RD				504 B OLD LEXINGTON HWY		
2B EAST LYME, CT 063333				BOX 12 CHAPIN, SC 29036		
Current Mailing Address:				New Mailing Address:		
314 FLANDERS RD				504 B OLD LEXINGTON HWY		
2B EAST LYME, CT 06333				BOX 12 CHAPIN, SC 29036		
FEI Number: 41-1822266 FEI Number Applied For () FEI Nu		FEI Nun	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 S PINE ISLAND FORT LAUDERDALE, FL 33324 US						
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 Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	EXO () COLSON, BRIAN 314 FLANDERS I EAST LYME, CT			Title: Name: Address: City-St-Zip:	VANVOLLENHOV	NGTON HWY BOX 12
Title: Name: Address: City-St-Zip:	PD () DILL, PHIL JR 1520 NORTH STI LEWISVILLE, TX			Title: Name: Address: City-St-Zip:	PD (X) C HEBERT, MIKE 1140 I-H 10 NOR BEAUMONT, TX	
Title: Name: Address: City-St-Zip:	VPD ()E MACCALLUM, PE P.O. BOX 744 EPSOM, NH 032			Title: Name: Address: City-St-Zip:	() (Change () Addition
Title: Name: Address: City-St-Zip:	AUSTIN, JOANN	Delete WAY, P.O. BOX 399 64089		Title: Name: Address: City-St-Zip:	TD (X) C FRANKLIN, FRAN 104 RUSHING LA STATESBORO, G	NE
Title: Name: Address: City-St-Zip:	SD ()E HEBERT, MIKE 1140 I-H 10 NOR BEAUMONT, TX			Title: Name: Address: City-St-Zip:	SD (X) C SOUCY, ROB P.O. BOX 2350 SOUTH PORTLAN	Change()Addition ND, ME 04116
Title: Name: Address: City-St-Zip:	D () COPE, KEN 1725 WEST HWY O FALLON, IL 62			Title: Name: Address: City-St-Zip:	() C	Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT J VANVOLLENHOVEN EXO 01/07/2008