

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000051635

1. Entity Name
YACHT SAFETY SERVICES INC.



Principal Place of Business
1370 S OCEAN BLVD
#1807
POMPANO BEACH, FL 33062 US

Mailing Address
1370 S OCEAN BLVD
#1807
POMPANO BEACH, FL 33062 US

FILED
May 01, 2006 08:00 A]
Secretary of State



02082006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0593758	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OSCSODAL, LUCIA
1370 S OCEAN BLVD #1807
POMPANO BEACH, FL 33062

**DO NOT WRITE
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

1000000551157
05/13/06-B008A-009 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME OSCSODAL, LUCIA
STREET ADDRESS 1370 S. OCEAN BLVD #1807
CITY-ST-ZIP POMPANO BEACH, FL 33062

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: *Lucia Oscsodal*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 954943 8853
Date Daytime Phone #