2006 FOR PROFIT CORPORATION

Mar 21, 2006 8:00 am Secretary of State ANNUAL REPORT 03-21-2006 90044 021 ***158.75 DOCUMENT # P95000068742 1. Entity Name BOCA MARINA DEVELOPERS, INC. Mailing Address Principal Place of Business 50004006 321 E HILLSBORO BLVD 321 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 02232006 Chg-P City & State Applied For City & State 4. FEI Number 65-0614973 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOTZER, TED Street Address (P.O. Box Number is Not Acceptable) 321 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441 Zip Code City 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 sitle if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 1\$ \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. . OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE Change Addition TITLE STREET, BRIAN NAME NAME 321 E HILLSBORO BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-21P Change TITLE Д Delete TIT! F ☐ Addition HENNESSEY, TIMOTHY NAME NAME 323 F. HILLSBORO BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition COHEN, JAMES H NAME NAME 321 E. HILLSBORO BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-7IP TITLE TITLE ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-7IP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

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SIGNATURE AND TYPED OF SIGNATURE: _ Davtime Phone #