2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 27, 2006 08:00 AM Secretary of State DOCUMENT # P96000009013 1. Entity Name STRIKE YACHTS, INC. Principal Place of Business Mailing Address 3404 SOUTHWEST 10TH STREET DEERFIELD BEACH FL 33442 3404 SOUTHWEST 10TH STREET DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE GR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0638085 Not Applicat Zip Ζιρ Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEBSTER, DANIEL J 1020 W. INTERNATIONAL SPEEDWAY BLVD. Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32114 City Zip Code 3. 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. Signature typed or printed name of registered agent and title if applicable (NOTE: Registored Agent signature required when revisiting) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May . After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 tO. 11. TITLE TITLE ☐ Change Delcte U000000405657 WILLMER, KEN ያለአለ NAME 02/07/06-80049-005 150.00 STREET ADDRESS 2601 NE 48TH COURT STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP Change JJTIT Defete HILE NAME MARAE STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CITY - ST-ZIP THE Delete nili ☐ Change □ Ad-NAME STREET ADDRESS STREET ADDRESS CMY-SI-ZIP CITY-ST-7/P TITLE □ Defete TATLE Channe □ A' MANTE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP UNE ☐ Delete TITLE Change \square_{F} NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE Change NAME MANS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information contained 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 use 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR

FILED