
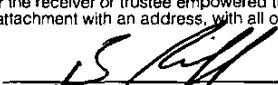


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90245 009 \*\*\*150.00

<b>DOCUMENT # P96000023141</b> 1. Entity Name <b>SPECIALTY WATERCRAFT, INC.</b>			
Principal Place of Business <b>1542 BRIDGE ROAD</b> <b>TEQUESTA, FL 33469 US</b>		Mailing Address <b>1542 BRIDGE ROAD</b> <b>TEQUESTA, FL 33469 US</b>	
2. Principal Place of Business <b>152 Bridge Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>152 Bridge Road</b> Suite, Apt. #, etc.	
City & State <b>Tequesta, Florida</b>		City & State <b>Tequesta, Florida</b>	
Zip <b>33469</b>	Country <b>US</b>	Zip <b>33469</b>	Country <b>US</b>
4. FEI Number <b>65-0649366</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RADCLIFF, KIMBERLY</b> <b>6065 WOLFE STREET</b> <b>JUPITER, FL 33458</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>RADCLIFF, BRANDON D</b> STREET ADDRESS <b>6065 WOLFE STREET</b> CITY-ST-ZIP <b>JUPITER, FL 33458</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VT</b> NAME <b>RADCLIFF, KIMBERLY A</b> STREET ADDRESS <b>6065 WOLFE STREET</b> CITY-ST-ZIP <b>JUPITER, FL 33458</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
<b>SIGNATURE:</b> 		<b>4-28-05 561-748-9929</b>	
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	