2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 12, 2004 08:00 AM **Secretary of State** DOCUMENT # P97000020226 SUNSHINE YACHT CARE, INC. Mailing Address Principal Place of Business 230 PRIMO DRIVE 230 PRIMO DRIVE FORT MYERS BEACH, FL 33931 FORT MYERS BEACH, FL 33931 No Chg-P CR2E034 (10/03) 07012004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0726499 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAMILTON, DIANE DO NOT WRITE 230 PRIMO DRIVE FORT MYERS BEACH, FL 33931 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 UDECOO 165811 Trust Fund Contribution. Added to Fees Due by September 8, 2004 07/12/04-80029-na7 SS0.na OFFICERS AND DIRECTORS 10. TITLE HAMILTON, DIANE NAME STREET ADDRESS 230 PRIMO DRIVE FORT MYERS BEACH, FL 33931 CITY-57-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TETLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. Torther 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 path; 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:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CRY-ST-ZIP

FILED