## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P97000061751

1. Entity Name

YELLOWSTONE ACQUISITIONS CORPORATION



Principal Place of Business

1001 E ATLANTIC AVE.

STE. 202

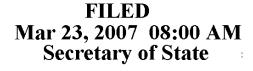
DELRAY BEACH, FL 33483

Mailing Address

1000 MARKET ST.

STE. 300

PORTSMOUTH, NH 03801





01082007

No Chg-P

CR2E034 (11/05)

4. FEI Number 58-2329784

Applied For Not Applicable

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

PLANTATION, FL 33324			IN THIS SPACE		
	e named entity submits this statement for the ptions of registered agent.	burpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	of applicable (NOTE Registered	Agent signature	e required when reinstating)	DAIE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			U00000676374 03/30/07-80056-012 150.00
10.	. OFFICERS AND DIRECTORS				
TITLE NAME STIFEET ADDRESS CITY-ST-ZIP	D WALSH, MARK 1001 E ATLANTIC AVE., STE. 202 DELRAY BEACH, FL 33483				
THE NAME STREET AUDRESS CITY-ST-ZIP	D WALSH, MICHAEL 1001 E ATLANTIC AVE., STE. 202 DELRAY BEACH, FL 33483		DO NOT WRITE		
TITLE NAME STRELT ADDRESS CHY-ST-ZIP	D WALSH, WILLIAM 1000 MARKET ST., STE. 300 PORTSMOUTH, NH 03801				
TITLE NAME STREET ADDRESS CHY-SI-ZIP			IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP		<b>-</b> .			

12. I hereby certify that the information supplied with this filing does not delify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

126107

(603)559-2100