

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90402 041 ***158.75

DOCUMENT # P97000091282 1. Entity Name A YACHTING HOLIDAY, INC.					
Principal Place of Business 908 S.W. 19TH STREET FT LAUDERDALE, FL 33315			Mailing Address 908 S.W. 19TH STREET FT LAUDERDALE, FL 33315		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 65-0792988	
City & State Zip Country		City & State Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTENGERA, JAMES D 908 S.W. 19TH STREET FT LAUDERDALE, FL 33315				7. Name and Address of New Registered Agent Name SUSAN M FLAMMIA Street Address (P.O. Box Number is Not Acceptable) 908 SW 19 STREET City Ft. Lauderdale FL Zip Code 33315	
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 <i>Susan Flammia</i> SUSAN M. FLAMMIA 4/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTENGERA, JAMES D <input checked="" type="checkbox"/> Delete 908 S.W. 19TH STREET FT LAUDERDALE, FL 33315		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FLAMMIA, SUSAN M <input type="checkbox"/> Delete 908 S.W. 19TH STREET FT LAUDERDALE, FL 33315		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FLAMMIA, SUSAN M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 908 SW 19 STREET Ft. Lauderdale, FL 33315	
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	
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.					
SIGNATURE: <i>Susan Flammia</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			SUSAN M. FLAMMIA <i>P/S/T/D</i> 4/25/05 <small>Date Daytime Phone #</small>		

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