2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2005 8:00 am Secretary of State

DOCUMENT # P98000048126 1. Entity Name INTERNATIONAL NAUTIC CORPORATION, INC.						02-21-2005 90	0077 044	***150.0	0
Principal Place 50 S. US HWY STE. 212 JUPITER, FL	YONE	Mailing Address 50 S. US HWY ONE STE. 212 JUPITER, FL 33477					U 1 4 U U In In In In I		1118 1 1831
2. Principal Place of Business 141 FISHERMANS WAY		3. Mailing Address							
Suite, Apt.		Suite, Apt. #, etc.			02102005	Chg-P	CR2E0	034 (10/03)	
City & State Jupiner F		City & State			4. FEI Number 65-0896627				oplied For ot Applicable
Zip 33421 Country 33421 Country Country 6. Name and Address of Current I		Zip	Coun	try		of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current F	Registered Agent		Name	7. Name and	Address of New	Registered	Agent	
KITZINGER, LEILA				Name LEILA KITZINGER					
50 S. US HWY ONE STE 212				Street Address	(P.O. Box Number	er is Not Acceptab	₩ *		
JUPITER, FL 33477				City Tup	PINEL FL Zip Code +77				
	named entity submits this statement for	the purpose of changing its re	egistere			th, in the State of F	lorida. I am	familiar with,	and accept
signature_	ions of registered agent. Signature, typed or printed name of registered agent a	6 - J21 -	Ranistera	d Agent signature require	d when reinstations	·	2	00	<u>-</u>
 , ,									
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig Trust Fund Contril			.00 May Be ded to Fees	~		•	* •
	ay 1, 2005 Fee will be \$550.0 OFFICERS AND	Trust Fund Contril			ded to Fees	CHANGES TO OF	FICERS AND		
After Ma	officers and	Trust Fund Contril	11.	Adda	ded to Fees	CHANGES TO OF	FICERS AND	DIRECTOR:	S IN 11
10. TITLE NAME	OFFICERS AND I D KITZINGER, LEILA	Trust Fund Contril	11. TITLE	Add	ADDITIONS	CHANGES TO OF	FICERS AND	Change	
After Ma	officers and	Trust Fund Contril	11. TITLE NAM STRE	Add	ADDITIONS	ERMANS		Change	
10. TITLE NAME STREET ADDRESS	OFFICERS AND I D KITZINGER, LEILA 50 S. US HWY ONE #212	Trust Fund Contril	11. TITLE NAM STRE CITY TITLE	Adde	ADDITIONS/	ERMANS	WAY	Change	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND I D KITZINGER, LEILA 50 S. US HWY ONE #212	Trust Fund Contrit	11. TITLE NAM STRE CITY TITLE NAM STRE	E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	ADDITIONS/	ERMANS	WAY	Change	Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND I D KITZINGER, LEILA 50 S. US HWY ONE #212	Trust Fund Contrit	11. TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE STRE	E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E	ADDITIONS/	ERMANS	WAY	Change	Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND I D KITZINGER, LEILA 50 S. US HWY ONE #212	Trust Fund Contrit DIRECTORS Delete	DULTION. 111. TITLE NAM. STREE CITY TITLE NAM. STREE CITY TITLE NAM. STREE CITY TITLE NAM. STREE CITY TITLE NAM. STREE STREE STREE STREE STREE STREE STREE	E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E -ST-ZIP E E -ST-ZIP E E ET ADDRESS -ST-ZIP E	ADDITIONS/	ERMANS	WAY	Change	Addition Addition
After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND I D KITZINGER, LEILA 50 S. US HWY ONE #212	Trust Fund Contrit DIRECTORS Delete Delete	DULION. 11. TITLE NAM. STREE CITY TITLE NAM.	E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E E -ST-ZIP E E E -ST-ZIP E E E E E E E E E E E E E E E E E E E	ADDITIONS/	ERMANS	WAY	Change Change Change	Addition Addition
After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	OFFICERS AND I D KITZINGER, LEILA 50 S. US HWY ONE #212	Trust Fund Contrit DIRECTORS Delete Delete Delete Delete	DULTION. 111. TITLE MAMA STREE CITY TITLE NAMA STREE CITY TITLE TIT	E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	ADDITIONS/	ERMANS	WAY	Change Change Change Change	Addition Addition Addition
After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND I D KITZINGER, LEILA 50 S. US HWY ONE #212	Trust Fund Contrit DIRECTORS Delete Delete Delete Delete	DULION. 11. TITLE NAME STREE CITY	E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	ADDITIONS/	ERMANS	WAY	Change Change Change Change	Addition Addition Addition Addition

12. It 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 it 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05

561 748255

Daytima Phone #