2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 17, 2006 08:00 AM DOCUMENT # P98000100928 **Secretary of State** THE BOAT DOCTOR, INC. Principal Place of Business Mailing Address MOBILE SERVICE 27501 SOUTHWEST 165TH AVENUE HOMESTEAD, FL 33031 HOMESTEAD, FL 33031 01062006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Not AL 65-0880554 \$8.75 Addition 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent **AMERILAWYER** DO NOT WRITE 343 ALMERIA AVENUE CORAL GABLES, FL 33134 IN THIS SPACE 3. 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 the obligations of registered agent. Synature, typed or minted name of registered agent and life if anolocable (BOTE: Pegistered Agent signal the required when remotating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE LUCAS, TIMOTHY A NAME 27501 SOUTHWEST 165TH AVENUE STREET ADDRESS CITY-SI-ZIP HOMESTEAD, FL 33031 TIBLE 01/19/06-8004-011 150.00 STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP THE NAME

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statules, I further certify that the information producted 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 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 Blockanged, or on an attachment with an address, with all other like empowered.

STREET ADORESS CHY-S1-ZIP TITLE

STRELT ADDRESS CB1-SI-7P