2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					FILED
DOCUMENT # P9900008944 1. Enbty Name					Sep 02, 2005 08:00 AM Secretary of State
YACHT WOODWORKING SYSTEMS, INC.					Secretary of State
Principal Place of Business Mailing Address					
3232 SW 2 FORT LAUI	ND AVE, BAY 101 DERDALE FL 33315	3232 SW 2ND AV	3232 SW 2ND AVE, BAY 101 FORT LAUDERDALE FL 33315		
2. Principal f	Place of Business	3. Mailing Address	3. Mailing Address)
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		2nd MOORE CR2E034 (5/05)
City & State		City & State			4. FEI Number 65-1012009 Applied For Not Applicable
Zıp	Country	Zip	Country		Certificate of Status Desired
					7. Name and Address of New Registered Agent
 ⊔∧1	NDALIANI KEVINI	•	i Name)	:
HANRAHAN, KEVIN 3232 SW 2ND AVE, BAY 101 FORT LAUDERDALE FL 33315			Stree	t Address (F	P.O. Box Number is Not Acceptable)
			City	_··	FL Zip Code
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 Signature typed or printed name of registered agent and title if applicable (NOTF Registered Agent signature required when reinstalling). DATE					
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State S.607. 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.					
10.		ERS AND DIRECTORS	■ 11.	(O the 12 % :-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN. 1
Tritt	D	Delete	WeE.	1	Abbinons/changes to officers and blace (ons in 11 □ Change □ Addition
NAME	HANRAHAN, KEVIN		NAME		U00000377851
STREET ADDRESS CITY-ST-ZIP	3232 SW 2ND AVE, BAY FORT LAUDERDALE FL 3		STREET ADORES CHY-ST-ZIP	s	09/07/05-80017-011 150.00
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12. I hereby certify that the information supplied with this filing does not causify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental eport is title 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 trungee amproved the tribs 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 Date Date Description Proces Description Pr					

Date