
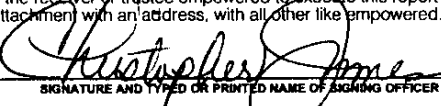


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90020 014 \*\*\*150.00

<b>DOCUMENT # P99000009701</b>			
1. Entity Name <b>DOUBLE ANCHOR SALVAGE, INC.</b>			
Principal Place of Business <b>900 US HWY 1 SUITE 102 LAKE PARK, FL 33403</b>		Mailing Address <b>900 US HWY 1 SUITE 102 LAKE PARK, FL 33403</b>	
2. Principal Place of Business - No P.O. Box # <b>10601 Silver Bch. Rd.</b>		3. Mailing Address <b>920 Lighthouse Drive</b>	
Suite, Apt. #, etc. <b>#7</b>		Suite, Apt. #, etc.	
City & State <b>LAKE PARK, FL</b>		City & State <b>North Palm Beach, FL</b>	
Zip <b>33403</b>	Country <b>USA</b>	Zip <b>33408</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>CHRISTOPHER, JAMES 900 US HWY 1 SUITE 102 LAKE PARK, FL 33403</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>920 Lighthouse Dr.</b>  City <b>North Palm Beach, FL</b> Zip Code <b>33408</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES, CHRISTOPHER 920 LIGHTHOUSE DRIVE NORTH PALM BEACH, FL 33408 <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	V JAMES, LEAH 920 LIGHTHOUSE DRIVE NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Chapter 119, 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: 		1-29-08 (561)848-4500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	