## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 08:00 Al DOCUMENT # P99000049851 1. Entity Name **Secretary of State** A&J BOATS, INC. Principal Place of Business Mailing Address 3280 NE 31 AVE. 6795 NW 17TH AVE. LIGHTHOUSE POINT, FL 33064 FORT LAUDERDALE, FL 33309 CR2E034 (11/05) 04162006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0928521 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE EASTON, GALE 3280 NORTHEAST 31ST AVENUE LIGHTHOUSE POINT, FL 33064 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) Signature, typod or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DV TITLE U00000552313 05/15/06-80005-017 150.00 EASTON, ALLAN NAME STREET ADDRESS 3280 NORTHEAST 31ST AVENUE CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 DT TITLE EASTON, GALE NAME STREET ADDRESS 3280 NORTHEAST 31ST AVENUE CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied entail 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 trusted 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 ike empowered.

SIGNATURE:

12. I hereby certify that the information supplied

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR