

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90004 005 ***150.00

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DOCUMENT # S83167 1. Entity Name MARY ROSE YACHTS, INC.			
Principal Place of Business 1777 S ANDREWS AVE. STE 301 FORT LAUDERDALE, FL 33316 US		Mailing Address P O BOX 21456 FT. LAUDERDALE, FL 33335 US	
2. Principal Place of Business - No P.O. Box # 2960 SW 2d Ave		3. Mailing Address Suite, Apt. #, etc. #C	
City & State Fort Lauderdale FL		City & State FL	
Zip 33315		Country USA	
4. FEI Number 65-0361616		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MULLANE, MARY ROSE 1201 RIVERREACH DR #512 FT LAUDERDALE, FL 33315		7. Name and Address of New Registered Agent Name Street Address (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 <i>Mary Rose Mullane</i> MARY ROSE MULLANE, PRES 3/21/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME MULLANE, MARY ROSE	TITLE VP	NAME MULLANE, THOMAS S.
STREET ADDRESS PO BOX 21456	CITY-ST-ZIP FORT LAUDERDALE, FL 33335	STREET ADDRESS PO BOX 21456	CITY-ST-ZIP FORT LAUDERDALE, FL 33335
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: <i>Mary Rose Mullane</i> 3/21/07 954/764/6600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Day/1st Phone #</small>	