2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V08134

City-St-Zip:

FT. LAUDERDALE, FL 33308

Entity Name: YACHTRONICS INC

FILED Mar 25, 2009 Secretary of State

	17.01111	(C) (1100, 1140.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	TH AVENUE ERDALE, FL 3	33315			
Current Mailing Address:			New Mailing Address:		
	TH AVENUE ERDALE, FL 3	33315			
FEI Number	: 65-0306956	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of	New Registered Agent:	
DEACLE, 626 SW 4 ⁻ FT. LAUD		33315 US			
	e named entity e of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (EHRLICH, DO 2110 N 37 AVI HOLLYWOOD	<u>.</u>	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (FEENSTRA, E 861 SW 72ND PLANTATION,	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	STD (DEACLE, DAV 5900 NE 21ST	,	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DAVID DEACLE STD 03/25/2009