2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856391

Entity Name: S 2 YACHTS, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
725 EAST 40TH ST. HOLLAND, MI 49423					
Current Mailing Address:			New Mailing Address:		
725 EAST 40TH ST. HOLLAND, MI 49423					
FEI Number:	38-2040714	FEI Number Applied For () FEI Num	mber Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US					
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.					
SIGNATURE:					
	Electror	nic Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SD () SLIKKERS, DO A-5228 147TH . HOLLAND, MI	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CEOD () SLIKKERS, DA 6460 LEGACY HOLLAND, MI	WOODS DR	Title: Name: Address: City-St-Zip:	CEOD (X) Change () Addition SLIKKERS, DAVID 6460 LEGACY WOODS DR HOLLAND, MI 49423	
Title: Name: Address: City-St-Zip:	PD () SLIKKERS, RO 6553 CREEKW HOLLAND, MI	OOD LANE	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition SLIKKERS, ROBERT 6553 CREEKWOOD LANE HOLLAND, MI 49423	
Title: Name: Address: City-St-Zip:	STD () SLIKKERS, DO A-5228 147TH A HOLLAND, MI	AVE	Title: Name: Address: City-St-Zip:	VTD (X) Change () Addition DEJONGE, DAVID 9248 BLUFF LAKE ST ZEELAND, MI 49464	
Title: Name: Address: City-St-Zip:	D () SLIKKERS, THO 6578 PARTRID HOLLAND, MI	GE LN	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition SLIKKERS, THOMAS 6578 PARTRIDGE LN HOLLAND, MI 49423	
Title: Name: Address:	D () SLIKKERS, SU N9349 ABITZ L	N	Title: Name: Address:	CD (X) Change () Addition SLIKKERS, LEON A-5228 147TH AVE	

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.

SIGNATURE: DAVID DEJONGE VTD 04/29/2009