

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 12, 2006
Secretary of State**

DOCUMENT# 765789

Entity Name: ATLANTIC GAMEFISH FOUNDATION, INC.

Current Principal Place of Business:

8265 SW 117 TERRACE
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

8265 SW 117 TERRACE
MIAMI, FL 33156

New Mailing Address:

FEI Number: 59-2252602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KUNDE, CLIFFORD A.
8265 SW 117 TERRACE
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PDM () Delete
Name: KUNDE, CLIFFORD A MR.
Address: 8265 SW 117 TERRACE
City-St-Zip: MIAMI, FL 33156 US

Title: STD () Delete
Name: KUNDE, JANET B MRS.
Address: 8265 SW 117TH TERR.
City-St-Zip: MIAMI, FL 33156 US

Title: D () Delete
Name: VEDO, NICHLAS MR.
Address: 8265 SW 117 TERR
City-St-Zip: MIAMI, FL 33156 US

Title: D () Delete
Name: HAYNIE, RIED MR.
Address: 21045 SW 150 AVE
City-St-Zip: MIAMI, FL 33187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD A. KUNDE

PDM

05/12/2006

Electronic Signature of Signing Officer or Director

_____ Date