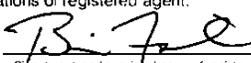
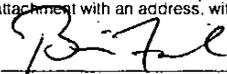


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90046 047 \*\*\*150.00

DOCUMENT # P0000102573					
1. Entity Name FISH BROTHERS OF TAMPA, INC.					
Principal Place of Business 14915 BRUCE B DOWNS BLVD TAMPA, FL 33613		Mailing Address 14915 BRUCE B DOWNS BLVD TAMPA, FL 33613			
2. Principal Place of Business - No P.O. Box # 1664 BRUCE B DOWNS BLVD		3. Mailing Address 1664 BRUCE B DOWNS BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WESLEY CHAPEL FL		City & State WESLEY CHAPEL FL		4. FEI Number 59-3679450	
Zip 33543		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FISH, BRIAN 14915 BRUCE B DOWNS BLVD TAMPA, FL 33613			7. Name and Address of New Registered Agent		
			Name BRIAN FISH		
			Street Address (P.O. Box Number is Not Acceptable) 1664 BRUCE B DOWNS BLVD		
			City WESLEY CHAPEL FL		Zip Code 33543
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 		BRIAN FISH		FEB 28 2007	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FISH, BRIAN P	NAME			
STREET ADDRESS	18317 BROOKPARK DRIVE	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33647	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FISH, JEFFREY L	NAME			
STREET ADDRESS	1503 AZURE DR	STREET ADDRESS			
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		BRIAN FISH		FEB. 28 2007 8134917067	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	