## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000121111

Entity Name: FISHHAWK HOLDINGS, INC.

1720 EL JOBEAN ROAD

PORT CHARLOTTE, FL 33948 US

Address: City-St-Zip: FILED Jan 10, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1720 EL JOBEAN ROAD 1720 EL JOBEAN ROAD PORT CHARLOTTE, FL 33948 SUITE 101 US PORT CHARLOTTE, FL 33948 US **Current Mailing Address:** New Mailing Address: 1720 EL JOBEAN ROAD 1720 EL JOBEAN ROAD PORT CHARLOTTE, FL 33948 US SUITE 101 PORT CHARLOTTE, FL 33948 US FEI Number: 20-5581471 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TROMBLE, RICK A TROMBLE, RICK A 1720 EL JÓBEAN ROAD 1720 EL JOBEAN ROAD PORT CHARLOTTE, FL 33948 US SUITE 101 PORT CHARLOTTE, FL 33948 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: 01/10/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition TROMBLE, RICK A Name: Name: 1720 EL JOBEAN ROAD Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33948 US City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: SILVA, CARLOS Name: 1720 EL JOBEAN ROAD Address: Address: PORT CHARLOTTE, FL 33948 US City-St-Zip: City-St-Zip: Title: Title: SEC () Delete () Change () Addition ROBINSON, JESSICA Name: Name:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RICK TROMBLE P 01/10/2007