

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14786

FILED
Jan 11, 2008
Secretary of State

Entity Name: HIGH LINER FOODS (USA) INCORPORATED

Current Principal Place of Business:

1 HIGH LINER AVENUE
PORTSMOUTH, NH 038020839 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 910
100 BATTERY POINT
LUNENBURG, NS B0J 2C0 CA

New Mailing Address:

FEI Number: 01-0246085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: MR. () Delete
Name: LAMOTHE, MARK PRES.
Address: ONE HIGH LINER AVE.
City-St-Zip: PORTSMOUTH, NH 038020839 US

Title: MR. () Delete
Name: DIETZ, DAVID F SECRETA
Address: EXCHANGE PLACE
City-St-Zip: BOSTON, MA 021092881 US

Title: MR () Delete
Name: NELSON, KELVIN L TREAS.
Address: 100 BATTERY POINT
City-St-Zip: LUNENBURG, NS B0J2C CA

Title: MRS. () Delete
Name: MILTON, CLAIRE E ASTSEC
Address: 100 BATTERY POINT
City-St-Zip: LUNENBURG, NS B0J 2C0 CA

Title: MR. () Delete
Name: DEMONE, HENRY E DIRECTO
Address: 100 BATTERY POINT
City-St-Zip: LUNENBURG, NS B0J 2C0 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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 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: RICHARD M. GRAY

MR.

01/11/2008

Electronic Signature of Signing Officer or Director

_____ Date