


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # 287886 1. Entity Name SLIM'S FISH CAMP, INC.	
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Principal Place of Business 215 MARINA DR BELLE GLADE, FL 33430	Mailing Address P.O. DRAWER 250 STATE ROAD 717 WEST END BELLE GLADE, FL 33430
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1087711	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORBIN, CHARLES
215 MARINA DR
BELLE GLADE, FL 33430**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000777426 01/10/08-80007-023 158.75
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10. OFFICERS AND DIRECTORS

TITLE PD	CORBIN, CHARLES L PD
NAME	215 MARINA DR
STREET ADDRESS	BELLE GLADE, FL 33430
CITY-ST-ZIP	
TITLE VSTD	CORBIN, NAN R VST
NAME	215 MARINA DR
STREET ADDRESS	BELLE GLADE, FL 33430
CITY-ST-ZIP	
TITLE D	CORBIN, CHARLES L JR
NAME	215 MARINA DR
STREET ADDRESS	BELLE GLADE, FL 33430
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Charles L. Corbin Pres. 01-08-08 561-996-3844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #