2008 FOR PROFIT CORPORATION

Jan 11, 2008 08:00 Al Secretary of State ANNUAL REPORT **DOCUMENT #313098** TED PETERS' FAMOUS SMOKED FISH, INC. Principal Place of Business Mailing Address 1350 PASADENA AVE.S. 1350 PASADENA AVE.S. ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 33707 01052008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1155675 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LATHROP, MICHAEL A DO NOT WRITE 1350 PASADENA AVE ST PETERSBURG, FL 33707 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. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME LATHROP, MICHAEL A STREET ADDRESS 1350 PASADENA AVE ST. PETERSBURG, FL CITY-ST-ZIP DVS TITLE U00000780172 COOK, JAY T NAME 01/14/08-80011-019 150.00 STREET ADDRESS 1350 PASADENA AVE CITY-ST-ZIP ST. PETERBURG, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED