


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90028 001 ****70.00

DOCUMENT # 749188 1. Entity Name FISHING AND CONSERVATION TRUST, INC.					
Principal Place of Business 4715 NW 157TH ST SUITE 213 MIAMI, FL 33014			Mailing Address P.O. BOX 560989 MIAMI, FL 33256		
2. Principal Place of Business - No P.O. Box # 12203 SW 107th COURT		3. Mailing Address Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State		4. FEI Number 59-2225010	
Zip 33176		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRITTENDEN, JACK 4715 NW 157TH ST SUITE 213 MIAMI, FL 33014				7. Name and Address of New Registered Agent Name GIL MURATORI Street Address (P.O. Box Number is Not Acceptable) 12203 SW 107th COURT City MIAMI, FL Zip Code 33176	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of a registered agent. SIGNATURE: <u><i>Gil Muratori</i></u> GIL MURATORI PRESIDENT <u>3/11/08</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUNDE, CLIFFORD P.O. BOX 560989 MIAMI, FL 33256	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURATORI, GIL 12203 SW 107th CT. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, LINDA P.O. BOX 560989 MIAMI, FL 33256	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AROSTEGUI, MARTIN 5525 OROUNA DR. CORAL GABLES, FL. 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRITTENDEN, JACK 4715 NW 157TH ST MIAMI GARDENS, FL 33014	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRAWLEY, MIKE 6043 NW 167 ST. A-17 MIAMI LAKES, FL. 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUNDE, CLIFFORD 3265 SW 117th TERR. MIAMI, FL. 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: <u><i>Gil Muratori</i></u> GIL MURATORI PRESIDENT <u>3/11/08</u> ³⁰⁵ 255-3808 <small>SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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