

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004372

FILED
Mar 27, 2007
Secretary of State

Entity Name: FISHERY PRODUCTS INTERNATIONAL, INC.

Current Principal Place of Business:

18 ELECTRONICS AVE.
DANVERS, MA 01923

New Principal Place of Business:

Current Mailing Address:

18 ELECTRONICS AVENUE
ATTN: LEGAL DEPT.
DANVERS, MA 01923

New Mailing Address:

FEI Number: 04-2676325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: D () Delete
Name: ROOME, GRAHAM
Address: 70 O'LEARY AVENUE
City-St-Zip: ST JOHNS NEWFOUNDLAND A1C5L1,

Title: P () Delete
Name: COLBOURNE, PETER
Address: 18 ELECTRONICS AVE.
City-St-Zip: DANVERS, MA 01923

Title: VPS () Delete
Name: JOHNSON, AMY
Address: 18 ELECTRONICS AVE.
City-St-Zip: DANVERS, MA 01923

Title: VP () Delete
Name: DECKER, KEITH
Address: 18 ELECTRONICS AVE.
City-St-Zip: DANVERS, MA 01923

Title: VP () Delete
Name: LESLIE, MARK
Address: 18 ELECTRONICS AVE.
City-St-Zip: DANVERS, MA 01923

Title: VP () Delete
Name: SIROIS, MIKE
Address: 18 ELECTRONICS AVE.
City-St-Zip: DANVERS, MA 01923

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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 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: AMY JOHNSON

VP/S

03/27/2007

Electronic Signature of Signing Officer or Director

_____ Date