


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90215 024 \*\*\*150.00

<b>DOCUMENT # F98000001257</b> 1. Entity Name <b>LEGAL SEA FOODS, INC.</b>					
Principal Place of Business <b>ONE SEAFOOD WAY BOSTON, MA 02210</b>			Mailing Address <b>ONE SEAFOOD WAY BOSTON, MA 02210</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03232007    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>04-2942234</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERKOWITZ, ROGER S 2 AVERY ST BOSTON, MA 02111	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Richard Vellante 60 Telegraph St., No. 3 Boston, MA 02127
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SYNNOTT, MARK B 25 SMITH ROAD HOPKINTON, MA 01748	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	40 Battery St., PH No. 5 Boston, MA 02109
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERKOWITZ, HARRIET 145 WILLOWBEND DRIVE MASHPEE, MA 02649	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	40 Battery St., PH No. 5 Boston, MA 02109
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD BERKOWITZ, GEORGE H 145 WILLOWBEND DRIVE MASHPEE, MA 02649	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	40 Battery St., PH No. 5 Boston, MA 02109
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENDERGAST, EDWARD H 60 STATE STREET, STE 700 BOSTON, MA 02109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	40 Battery St., PH No. 5 Boston, MA 02109
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV HELLER, RICHARD 15 STANLEY ROAD NEWTON, MA 02468	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	40 Battery St., PH No. 5 Boston, MA 02109
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.					
<b>SIGNATURE:</b> _____ <b>4/23/07</b> <b>(617-530-9000)</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small> <b>Roger S. Berkowitz</b>					