2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007
Secretary of State

DOCUMENT# G95842

Entity Name: STRAUB'S FINE SEAFOOD, INC.

Current Principal Place of Business:

512 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

512 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-2388248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARTER, DONALD J
512 E. ALTAMONTE DR.
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

MULINI, GARY E
512 E. ALTAMONTE DR.
ALTAMONTE SPRINGS, FL 32701 US

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: GARY E MULINI 01/23/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STRAUB, ROBERT J.,
Address: 3792 N.E. OCEAN BLVD.
City-St-Zip: JENSEN BEACH, FL

Title: DP ( ) Delete
Name: CARTER, DONALD J
Address: 9793 LAKE GEORGIA DRIVE
City-St-Zip: ORLANDO, FL 32817

Title: P ( ) Delete
Name: CARTER, DONALD J
Address: 9793 LAKE GEORGIA DR.
City-St-Zip: ORLANDO, FL 32817

Title: ST (X) Delete
Name: MULINI, GARY
Address: 555 HEATHERBRITE CR.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition
Name: MULINI, GARY E
Address: 555 HEATHERBRITE CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: VP (X) Change ( ) Addition
Name: MULINI, GARY E
Address: 555 HEATHERBRITE CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: ST (X) Change ( ) Addition
Name: MULINI, DEBORAH L
Address: 555 HEATHERBRITE CIRCLE
City-St-Zip: APOPKA, FL 32712

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: DEBORAH L MULINI ST 01/23/2007
Electronic Signature of Signing Officer or Director Date