2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G96586

Entity Name: ALL AMERICAN GULF FISH CO., INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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640 A ANCHORS STREET NW FT. WALTON BEACH, FL 32548

Current Mailing Address: New Mailing Address:

PO BOX 86

FORT WALTON BEACH, FL 32549

FEI Number: 58-1850309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PETERS, WILLIAM
6 RANGER ST., SW
PETERS, WILLIAM
22 COMET ST S W

FT. WALTON BEACH, FL 32548 US FT. WALTON BEACH, FL 32548 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: WILLIAM PETERS 04/28/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: PETERS, WILLIAM Name: PETERS, WILLIAM
Address: 6 RANGER ST. SW Address: 22 COMET ST S W

City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: FORT WALTON BEACH, FL 32548

Title: S () Delete Title: S (X) Change () Addition

 Name:
 PETERS, VONNIE
 Name:
 PETERS, VONNIE

 Address:
 6 RANGER ST. SW
 Address:
 22 COMET ST S W

City-St-Zip: FORT WALTONBEACH, FL 32548 City-St-Zip: FORT WALTONBEACH, FL 32548

Title: VTD () Delete Title: () Change () Addition

 Name:
 PETERS, MATTHEW ROSS
 Name:

 Address:
 531 DRIFTWOOD LANE
 Address:

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM PETERS PD 04/28/2009