


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # H35075 1. Entity Name KALLIAINEN SEAFOODS, INC.	
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Principal Place of Business 2 CLEARVIEW BLVD FT. MYERS BEACH, FL 33931	Mailing Address 2 CLEARVIEW BLVD FT. MYERS BEACH, FL 33931
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DO NOT WRITE IN THIS SPACE



03052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2484624	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KALLIAINEN, RICHARD 2 CLEARVIEW BLVD FT. MYERS BEACH, FL 33931
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DO NOT WRITE IN THIS SPACE

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)</small>
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DST KALLIAINEN, RICHARD A. 2 CLEARVIEW BLVD. FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD KALLIAINEN, RICHARD L. 780 WILSON AVE FT MYERS, FL
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

<p>1000000859782 04/02/08-80036-018 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 all other like empowered.
SIGNATURE: <u>Richard Kallia</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
Date <u>3-14-08/239/463 6084</u> <small>Daytime Phone #</small>