2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007
Secretary of State

DOCUMENT# H92205

Entity Name: HI-TIDE SALES, INC.

Current Principal Place of Business:

% DONALD M. WOOD, II
4050 SELVITZ RD.
FT. PIERCE, FL 34981

New Principal Place of Business:

Current Mailing Address:

% DONALD M. WOOD, II
4050 SELVITZ RD.
FT. PIERCE, FL 34981

New Mailing Address:

FEI Number: 65-0095393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOOGE, HOWARD E
401 E OSCELOA ST
STUART, FL 34994 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: DVTS ( ) Delete
Name: WOOD, DONALD M. II,
Address: 4050 SELVITZ RD
City-St-Zip: FT. PIERCE, FL 34981

Title: P (X) Delete
Name: GREENE, RICHARD R
Address: 2571 SE PRICE CT
City-St-Zip: PORT ST LUCIE, FL

Title: AS ( ) Delete
Name: WOOD, NANCY
Address: 4050 SELVITZ RD.
City-St-Zip: FT. PIERCE, FL 34981 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: C ( ) Change (X) Addition
Name: ROONEY, MARGARITA
Address: 314 SW TORREYA
City-St-Zip: PORT ST LUCIE, FL 34986

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: MARGARITA ROONEY C 01/17/2007

Electronic Signature of Signing Officer or Director — Date