2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L08000051904

Entity Name: FISHHOEK INDUSTRIES, LLC

Current Principal Place of Business:

1 MAIN STREET, SUITE 200
TEQUESTA, FL 33469

New Principal Place of Business:

3677 23RD AVENUE SOUTH
SUITE B-107
LAKE WORTH, FL 33461

Current Mailing Address:

1 MAIN STREET, SUITE 200
TEQUESTA, FL 33469

New Mailing Address:

3677 23RD AVENUE SOUTH
SUITE B-107
LAKE WORTH, FL 33461

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOWARD, KAIEL O
1 MAIN STREET, SUITE 200
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

ALLNATT, MORRIS I
3677 23RD AVENUE SOUTH
SUITE B-107
LAKE WORTH, FL 33461 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: MORRIS I ALLNATT 05/01/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HOWARD, KAIEL O
Address: 1 MAIN STREET, SUITE 200
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HOWARD, KAIEL O
Address: 3677 23RD AVENUE SOUTH STE B-107`
City-St-Zip: LAKE WORTH, FL 33461

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KAIEL O HOWARD MGTM 05/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date