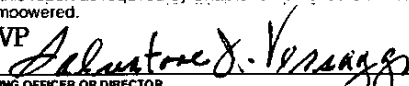


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90062 017 ****61.25

DOCUMENT # N02000007852 1. Entity Name SOUTHERN SHRIMP ALLIANCE, INC.					
Principal Place of Business 6631 RIDGE TOP DRIVE NEW PORT RICHEY, FL 34655			Mailing Address 6631 RIDGE TOP DRIVE NEW PORT RICHEY, FL 34655		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 14-1857764	
5. Certificate of Status Desired ☐				Applied For ☐ \$8.75 Additional Fee Required ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILLIAMS, JOHN 6631 RIDGE TOP DRIVE NEW PORT RICHEY, FL 34655			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent's signature required when certifying)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☒ Delete	TITLE	P/D	☐ Change ☒ Addition
NAME	BARISICH, GEORGE		NAME	Gordon, Edward	
STREET ADDRESS	1919 EAST JUDGE PEREZ DRIVE		STREET ADDRESS	1150 Deleisseliene Blvd.	
CITY- ST- ZIP	CHALMETTE, LA 70043		CITY- ST- ZIP	Mt. Pleasant, SC 92464	
TITLE	D	☒ Delete	TITLE	VP/D	☐ Change ☒ Addition
NAME	ANDERSON, ERNEST		NAME	Versaggi, Salvatore J.	
STREET ADDRESS	13849 SHELL BELT ROAD		STREET ADDRESS	32 Adalia Ave.	
CITY- ST- ZIP	BAYOU LA BATRE, AL 36509		CITY- ST- ZIP	Tampa, FL 33606	
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	MOORE, RICHARD		NAME		
STREET ADDRESS	ROUTE 3, BOX 789		STREET ADDRESS		
CITY- ST- ZIP	DICKSON, TX 77539		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE	S/T D	☒ Change ☐ Addition
NAME	WILLIAMS, JOHN		NAME	Williams, John	
STREET ADDRESS	6631 RIDGE TOP DRIVE		STREET ADDRESS	6631 Ridge Top Drive	
CITY- ST- ZIP	NEW PORT RICHEY, FL 34655		CITY- ST- ZIP	New Port Richey, FL 34655	
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	FABRE, A.J.		NAME		
STREET ADDRESS	2578 PRIVATEER BLVD.		STREET ADDRESS		
CITY- ST- ZIP	BARATARIA, LA 70036		CITY- ST- ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	DOPSON, DARLENE		NAME		
STREET ADDRESS	P.O. BOX 690		STREET ADDRESS		
CITY- ST- ZIP	ST. HELENA ISLAND, SC 29920		CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Salvatore J. Versaggi, VP 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					