2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N02000007852

Entity Name: SOUTHERN SHRIMP ALLIANCE, INC.

Current Principal Place of Business:

955 W MLK JR DR
SUITE D
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

PO BOX 1577
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 14-1857764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, JOHN
955 E MLK JR DR
TARPON SPRINGS, FL 34689 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KNIGHT, ELAINE
Address: PO BOX 1664
City-St-Zip: BRUNSWICK, GA 31521

Title: VD ( ) Delete
Name: VARSAGGI, SALVATORE J
Address: 32 ADALIA AVENUE
City-St-Zip: TAMPA, FL 33606

Title: STD (X) Delete
Name: CABLE, CLAY
Address: 116 PALM BLVD
City-St-Zip: ISLE PALM, SC 29451

Title: SD ( ) Delete
Name: WALLIS, CRAIG
Address: PO BOX 540
City-St-Zip: PALACIOS, TX 77465

Title: TD ( ) Delete
Name: JOHNSON, MICKEY
Address: PO BOX 335
City-St-Zip: BAYOU LA BATRE, AL 36509

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: VERSAGGI, SALVATORE J
Address: 32 ADALIA AVENUE
City-St-Zip: TAMPA, FL 33606

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALVATORE J. VERSAGGI VD 02/10/2009

Electronic Signature of Signing Officer or Director — Date