


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90034 038 ****61.25

DOCUMENT # N04000001383 1. Entity Name WILD AMERICAN SHRIMP, INC.	
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Principal Place of Business 10 WHARFSIDE ST CHARLESTON, SC 29401	Mailing Address 10 WHARFSIDE ST CHARLESTON, SC 29401
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40103310



04162008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0718818	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAMS, JOHN 6631 RIDGE TAP DRIVE NEW PORT RICHEY, FL 34655

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENDERSON, DENNIS PO BOX 2490 FORT MYERS BEACH, FL 33932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOK, DAVID 1847 DOCK STREET STE 201 RIVER RIDGE, LA 70123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HODGSON, LES 4783 BOCA CHICA BLVD BROWNSVILLE, TX 78521
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HODGSON, LES PO BOX 4663 BROWNSVILLE, TX 78523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08 843-937-
Date Daytime Phone # 0002