

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001383

FILED
May 22, 2009
Secretary of State

Entity Name: WILD AMERICAN SHRIMP, INC.

Current Principal Place of Business:

10 WHARFSIDE ST
CHARLESTON, SC 29401

New Principal Place of Business:

820 JOHNNIE DODDS BLVD
SUITE B
MT. PLEASANT, SC 29464

Current Mailing Address:

10 WHARFSIDE ST
CHARLESTON, SC 29401

New Mailing Address:

820 JOHNNIE DODDS BLVD
SUITE B
MT. PLEASANT, SC 29464

FEI Number: 20-0718818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, JOHN
6631 RIDGE TAP DRIVE
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

HENDERSON, DENNIS
21251 CARTER RD
ESTERO, FL 33928 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: DENNIS HENDERSON

05/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HENDERSON, DENNIS
Address: PO BOX 2490
City-St-Zip: FORT MYERS BEACH, FL 33932

Title: V () Delete
Name: COOK, DAVID
Address: 1847 DOCK STREET STE 201
City-St-Zip: RIVER RIDGE, LA 70123

Title: ST () Delete
Name: HODGSON, LES
Address: 4783 BOCA CHICA BLVD
City-St-Zip: BROWNSVILLE, TX 78521

Title: DST () Delete
Name: HODGSON, LES
Address: PO BOX 4663
City-St-Zip: BROWNSVILLE, TX 78523

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: () 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: WILLIAM EDDIE GORDON

EXD

05/22/2009

Electronic Signature of Signing Officer or Director

Date