2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2006
Secretary of State

DOCUMENT# N04000002162

Entity Name: FISHING RIGHTS ALLIANCE, INC.

Current Principal Place of Business:

300 90TH AVE NE
ST. PETERSBURG, FL 33702

New Principal Place of Business:

Current Mailing Address:

PO BOX 3794
SEMINOLE, FL

New Mailing Address:

FEI Number: 20-0870854 **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:

HOOKER, SCOTT
PO BOX 3794
SEMINOLE, FL 33775 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: GMCP ( ) Delete
Name: O'HERN, DENNIS
Address: 8228 DENISE DR
City-St-Zip: SEMINOLE, FL 33777

Title: GM ( ) Delete
Name: HOOKER, SCOTT
Address: 300 90TH AVE NE
City-St-Zip: ST. PETERSBURG, FL

Title: GM ( ) Delete
Name: SCHMIDT, JOHN
Address: 26 CYPRESS DR
City-St-Zip: PALM HARBOR, FL 34684

Title: GM ( ) Delete
Name: DELACRUZ, JASON
Address: 12124 LILLIAN AVE
City-St-Zip: SEMINOLE, FL 33778

Title: GM ( ) Delete
Name: KERR, PAUL
Address: 4711 54 AVE N
City-St-Zip: ST PETERSBURG, FL 33714

Title: GM ( ) Delete
Name: WALKER, ED
Address: 3219 BLUFF BLVD
City-St-Zip: HOLIDAY, FL 34691

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:

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 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: DENNIS O'HERN GMCP 07/18/2006

Electronic Signature of Signing Officer or Director — Date