2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N04000002162

Entity Name: FISHING RIGHTS ALLIANCE, INC.

Current Principal Place of Business:

4604 49TH STREET NORTH
#34
ST. PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

4604 49TH STREET N
#34
ST. PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 20-0870854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'HERN, DENNIS
4604 49TH STREET NORTH
#34
ST. PETERSBURG, FL 33709 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:	4604 49TH STREEN #35	
City-St-Zip:	ST. PETERSBURG, FL 33709	
Title:	GM	( ) Delete
Name:	GAMBLE, JEROMY	
Address:	4604 49TH STREET N, #34	
City-St-Zip:	ST. PETERSBURG, FL 33709	
Title:	GM	( ) Delete
Name:	SCARBORO, HOWIE	
Address:	4604 49TH STREET N, #34	
City-St-Zip:	PALM HARBOR, FL 34684	
Title:	GM	( ) Delete
Name:	SCOTT, CHILDRESS	
Address:	4604 49TH ST N, #34	
City-St-Zip:	ST. PETERSBURG, FL 33709	
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 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 04/30/2009

Electronic Signature of Signing Officer or Director — Date