2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # N04000005154 1. Entity Name 04-24-2006 90366 022 ****70.00 A WISH TO FISH, INC. Principal Place of Business Mailing Address 1421 EAST HAWTHORNE CIRCLE HOLLYWOOD FL 33021-4720 1421 EAST HAWTHORNE CIRCLE HOLLYWOOD FL 33021-4720 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 20-2209173 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HODGES, PERRY W ES Street Address (P.O. Box Number is Not Acceptable) 1401 EAST BROWARD BOULEVARD #300 FT. LAUDERDALE FL 33301-2116 Zip Code 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 / DAIE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition TRUEMPER, LINDA NAME NAME 1421 EAST HAWTHORNE CIRCLE STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021-4720 CITY-ST-7IP CITY-ST-ZIP ۷D TITLE ☐ Delete TITLE Change ■ Addition SWAIN, CHARLIE NAME NAME STREET ADDRESS 3991 LAUREL OAK WAY STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33312-6265 CITY-ST-ZIP TD ☐ Delete TITLE Change Addition DAVIS, DAVID L NAME NAME STREET ADDRESS 3211 NORTHWEST 78TH AVENUE STREET ADDRESS CITY- ST- 7IP FT. LAUDERDALE FL 33312-6265 CITY-ST-ZIP SD ☐ Delete TITLE ☐ Addition TITLE NAME DAVIS, DANNY NAME STREET ADDRESS 721 SOUTHWEST 4TH STREET STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY - ST - ZiP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. If 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 recover of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11

hijh an address, with all other like empowered.

if changed, or on an attachment

SIGNATURE: