

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005154

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: A WISH TO FISH, INC.

**Current Principal Place of Business:**

1421 EAST HAWTHORNE CIRCLE  
HOLLYWOOD, FL 330214720

**New Principal Place of Business:**

**Current Mailing Address:**

1421 EAST HAWTHORNE CIRCLE  
HOLLYWOOD, FL 330214720

**New Mailing Address:**

FEI Number: 20-2209173

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HODGES, PERRY W ES  
1401 EAST BROWARD BOULEVARD  
#300  
FT. LAUDERDALE, FL 333012116 US

**Name and Address of New Registered Agent:**

HODGES, PERRY  
1401 E BROWARD BLVD  
FORT LAUDERDALE, FL 333012116 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: PERRY HODGES

04/08/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TRUEMPER, LINDA  
Address: 1421 EAST HAWTHORNE CIRCLE  
City-St-Zip: HOLLYWOOD, FL 330214720

Title: VD ( ) Delete  
Name: SWAIN, CHARLIE  
Address: 129 SECOND LN.  
City-St-Zip: KEY LARGO, FL 33037

Title: TD ( ) Delete  
Name: DAVIS, DAVID L  
Address: 3211 NORTHWEST 78TH AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 333126265

**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:

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: LINDA TRUEMPER

PD

04/08/2009

Electronic Signature of Signing Officer or Director

Date