



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90178 030 \*\*\*\*70.00

<b>DOCUMENT # N15899</b> 1. Entity Name <b>THE BILLFISH FOUNDATION, INC.</b>					
Principal Place of Business <b>2161 EAST COMMERCIAL BLVD 2 FLOOR FT LAUDERDALE, FL 33308</b>			Mailing Address <b>2161 EAST COMMERCIAL BLVD 2 FLOOR FT LAUDERDALE, FL 33308 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40060095</div>  <div style="margin-top: 10px;">           04102007    Chg-NP    CR2E037 (12/06)         </div>	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number <b>59-2694327</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>PEEL, ELLEN 2161 EAST COMMERCIAL BLVD 2 FLOOR FORT LAUDERDALE, FL 33308</b>				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDREWS, RICHARD J 8314 PONDEROSA DR. PARKER, CO 80134 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C VICENTO, RALPH WA 2 MARGINAL ST., VEB LOS ANGELES CAROLINA, PR 00979 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEEL, ELLEN 2161 E. COMMERCIAL BLVD 2ND FL. FT LAUDERDALE, FL <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWNLEE, JOHN P.O. BOX 622 ISLAMORADA, FL 33036 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HUNT, BRANDON 228 VIA MENTONE NEWPORT BEACH, CA 92663 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BACARDI, LUIS L POB 339 MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> Mark O'Brien P.O. Box 250089 Boca Grande, FL 33676 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice Chair</b> Joan Vernon 205 E. End Drive Key Biscayne, FL 33149 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Scott Steel 5700 Executive Dr. Baltimore, MD 21208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Ellen M. Peel</u> <u>Ellen M. Peel, Pres. 4/10/07</u> <u>(954) 938-0150</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					