
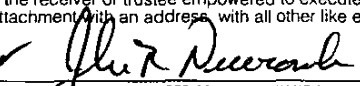


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P00000044321</b> 1. Entity Name <b>FISH BONES, INC.</b>					
Principal Place of Business <b>4290 SE SALERNO ROAD STUART, FL 34997</b>			Mailing Address <b>1241 SE BREWSTER PLACE STUART, FL 34997</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>30-0007903</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MCINTYRE, WILLIAM C 3564 SW CORPORATE PKWY PALM CITY, FL 34990</b>			Name Street Address (P.O. Box Number is Not Acceptable) <b>3501 SW Corporate Pkwy</b> City <b>Palm City</b> <b>FL</b> Zip Code <b>34990</b>		
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 _____					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REESE, JOSEPH JOHN</b> <b>3951 SE FAIRWAY WEST</b> <b>STUART, FL 34997</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KILIAN, FRANK JOHN</b> <b>3744 S.E. FAIRWAY E</b> <b>STUART, FL 34997</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P</b> <b>KILIAN, FRANK JOHN, II</b> <b>3744 S.E. FAIRWAY EAST</b> <b>STUART, FL 34997</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCCLUNE, STEVEN CARL</b> <b>5334 TARKINGTON PLACE</b> <b>COLUMBIA, MD 21044</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500077389795</b> <b>07/12/06--01027--019 **61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEWCOMB, JOHN R</b> <b>1241 SE BREWSTER PLACE</b> <b>STUART, FL 34997</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/VP/S</b> <b>NEWCOMB, JOHN R</b> <b>1241 S.E. BREWSTER PLACE</b> <b>STUART, FL 34997</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8/7/10</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ELIZABETH T</b> <b>NEWCOMB, ELIZABETH A</b> <b>1241 S.E. BREWSTER PLACE</b> <b>STUART, FL 34997</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KILIAN, FRANK JOHN, III</b> <b>900 N.W. SASAFRAS TERR.</b> <b>DEER BEACH, FL 34957</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 607, 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.					
SIGNATURE:  <b>JOHN R NEWCOMB</b>			Date: <b>6/19/06</b> Daytime Phone #: <b>772-348-3355</b>		