


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90020 022 ***150.00

DOCUMENT # P01000004948 1. Entity Name FISH-HEADS INTERNATIONAL, INC.			
Principal Place of Business 620 BAYWAY BLVD # 6 CLEARWATER BEACH, FL 33767		Mailing Address POST OFFICE BOX 3455 CLEARWATER BEACH, FL 33767	
2. Principal Place of Business - No P.O. Box # 816 NW 135TH TERR.		3. Mailing Address 816 NW 135TH TERR.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL	
Zip 33028		Zip 33028	
Country USA		Country USA	
4. FEI Number 59-3689502		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MC GEE, JOHN P. 620 BAYWAY BLVD, # 6 CLEARWATER BEACH, FL 33767		7. Name and Address of New Registered Agent Name MC GEE, JOHN P. Street Address (P.O. Box Number is Not Acceptable) 816 NW 135TH TERRACE City PEMBROKE PINES FL Zip Code 33028	
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 S. P. Mc GEE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 1-4-2008 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME MC GEE, JOHN P.	TITLE MC GEE JOHN P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 620 BAYWAY BLVD, # 6	CITY-ST-ZIP CLEARWATER BEACH, FL 33767	STREET ADDRESS 816 NW 135TH TERRACE	CITY-ST-ZIP PEMBROKE PINES, FL 33028
CITY-ST-ZIP CLEARWATER BEACH, FL 33767	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP 	<input type="checkbox"/> Delete	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP 	<input type="checkbox"/> Delete	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP 	<input type="checkbox"/> Delete	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: S. P. Mc GEE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 1-4-2008 DAYTIME PHONE # 727-449-0303	