2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# P01000056142

Entity Name: HARBOR BRANCH CLAMS, INC.

Current Principal Place of Business:

5600 US HWY. 1 N.
FT. PIERCE, FL 34946

New Principal Place of Business:

Current Mailing Address:

5600 US HWY. 1 N.
FT. PIERCE, FL 34946

New Mailing Address:

FEI Number: 65-1124205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEWART, WILLIAM J
3355 OCEAN DR.
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

STEWART, WILLIAM J
STEWART & EVANS PA
3355 OCEAN DRIVE
VERO BEACH, FL 32963 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: _____ 04/15/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: WEISSMAN, JOE
Address: 5600 US HWY 1 N
City-St-Zip: FORT PIERCE, FL 34946

Title: CD (X) Delete
Name: HERMAN, RICH
Address: 5600 US HWY 1 N
City-St-Zip: FORT PIERCE, FL 34946

Title: TD (X) Delete
Name: KING, LARRY P
Address: 14816 HARTFORD RUN DR.
City-St-Zip: ORLANDO, FL 32828

Title: D (X) Delete
Name: DAVIS-HODGKINS, MEGAN
Address: 5600 U.S. 1 NORTH
City-St-Zip: FORT PIERCE, FL 34946

Title: VD (X) Delete
Name: BAPTISTE, RICHARD
Address: 5600 US HWY 1 N
City-St-Zip: FORT PIERCE, FL 34946

Title: D (X) Delete
Name: HOFF, FRANK
Address: 33418 OLD ST. JOE ROAD
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DAVIS-HODGKINS, MEGAN
Address: 5600 US HWY 1 N
City-St-Zip: FORT PIERCE, FL 34946

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MEGAN DAVIS-HODGKINS D 04/15/2005
Electronic Signature of Signing Officer or Director — Date