2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 20, 2007 08:00 AM DOCUMENT # P02000091237 **Secretary of State** 1. Entity Name UNITED FISHERIES, INC. Principal Place of Business Mailing Address 152 WATERS EDGE DR 152 WATERS EDGE DR JUPITER, FL 33477 JUPITER, FL 33477 03162007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 81-0608360 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PFEFFER, IRA M DO NOT WRITE 152 WATERS EDGE DR JUPITER, FL 33477 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPST TETLE PFEFFER, IRA M NAME STREET ADDRESS 152 WATERS EDGE DR CITY-ST-ZIP JUPITER, FL 33477 TITLE NAME STREET ADDRESS U00000673653 03/29/07-80037-013 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 suppliemental 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 received 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16/67 56/723/356 Date Daylime Phone #

FILED