
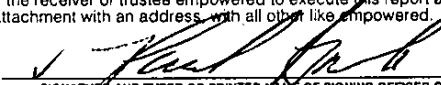


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90030 050 \*\*\*150.00

<b>DOCUMENT # P03000057241</b> 1. Entity Name <b>BLACKFISH, INC.</b>					
Principal Place of Business <b>335 OLD SCHOOL ROAD GULF STREAM, FL 33483</b>			Mailing Address <b>1301 VIRGINIA DR 110 FORT WASHINGTON, PA 19034</b>		
2. Principal Place of Business <b>101 LAKEVIEW DR.</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>GULF STREAM, FL</b>		City & State		4. FEI Number <b>57-1168395</b>	
Zip <b>33483</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GALE, PAUL 2985 N. OCEAN BLVD GULF STREAM, FL 33483</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>101 LAKEVIEW DRIVE</b> City <b>GULF STREAM FL</b> Zip Code <b>33483</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>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P GALE, PAUL 335 OLD SCHOOL ROAD GULF STREAM, FL 33483</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>101 LAKEVIEW DRIVE GULF STREAM, FL 33483</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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	<input 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	<input 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	<input 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	<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.					
<b>SIGNATURE:</b> 			Date <b>2/12/06</b> Daytime Phone # <b>5813302968</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

# ATTACHMENT

60016201

#P03000057241  
SOCIAL GERSTEIN, L.L.C.

The Pavilion, Suite 900  
Jenkintown, Pa 19046

CERTIFIED PUBLIC ACCOUNTANTS/MANAGEMENT CONSULTANTS

215-572-7790  
215-572-8945

INSTRUCTIONS FOR FILING ATTACHED RETURN

*Blackfish, Inc.*

YEAR ENDED 2006

		Individual	Partnership	Corporation	Other
RETURN ENCLOSED	<input type="checkbox"/> Federal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> New Jersey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Philadelphia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/> Other <i>Florida Annual Report</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TO BE SIGNED AND DATED BY	<input type="checkbox"/> Taxpayer	Draw Check to:	<input type="checkbox"/> United States Treasury
	<input type="checkbox"/> Taxpayer and Spouse		<input type="checkbox"/> Your Bank (with deposit coupon)
	<input checked="" type="checkbox"/> An Officer		<input type="checkbox"/> PA Dept of Revenue
	<input type="checkbox"/> A Partner		<input type="checkbox"/> State of New Jersey
	<input type="checkbox"/>		<input type="checkbox"/> City of Philadelphia
	<input checked="" type="checkbox"/> Other <i>Florida Department of State</i>		

AMOUNT OF TAX	\$ <u>150</u>	Due Before	<u>5/1/06</u>
(Put your Social Security Number or ID Number, Form Number and Period on your check)			
	Estimates	Due Date	
Your tax has been overpaid by \$	\$		
<input type="checkbox"/> \$ is being applied against your estimated tax for	\$		
<input type="checkbox"/> \$ is being refunded to you.	\$		
	\$		

MAIL RETURN TO	<u>FEDERAL</u>	<u>STATE</u>
	PENNSYLVANIA: INTERNAL REVENUE SERVICE PHILADELPHIA, PA 19255	
	NEW JERSEY: INTERNAL REVENUE SERVICE HOLTSVILLE, NY-00501	
	<u>LOCAL</u>	<u>OTHER</u>
	PHILADELPHIA:	<i>Florida Dept. of State</i> <i>Division of Corporations</i> <i>PO Box 1500</i> <i>Tallahassee, FL 32302-1500</i>

IT IS SUGGESTED, BUT NOT MANDATORY, THAT CERTIFIED MAIL  
BE USED WHEN FILING TAX RETURNS

□ A COPY OF THIS RETURN IS ENCLOSED FOR YOUR FILE  
PLEASE RETAIN THIS LETTER WITH YOUR COPY