


2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2004 8:00 am
Secretary of State

04-26-2004 90435 010 ***150.00

DOCUMENT # P03000084481	
1. Entity Name HIGH CALIBER FISHING CHARTERS, INC.	

Principal Place of Business 302 SOMBRERO BEACH RD., APT. 3 MARATHON FL 33050	Mailing Address 302 SOMBRERO BEACH RD., APT. 3 MARATHON FL 33050
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00443738



MOORE CR2E034 (11/03)

2. Principal Place of Business 1688 Overseas Hwy.	3. Mailing Address PO Box 467
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Marathon FL.	City & State Key Colony Bch. FL.
Zip 33050	Zip 33051
Country US	Country US

4. FEI Number 20-0131354	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 CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD. #221E PALM BEACH GARDENS FL 33410	
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7. Name and Address of New Registered Agent Name: James C. Gagliardini Street Address (P.O. Box Number is Not Acceptable): 302 Sombrero Bch. Rd Apt #3 Marathon FL 33050 Key Colony Bch FL	
Zip Code 33050	Zip Code 33051

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 James C. Gagliardini	DATE 4/13/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME GAGLIARDINI, JAMES C	
STREET ADDRESS 302 SOMBRERO BEACH RD., APT. 3	
CITY-ST-ZIP MARATHON FL 33050	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 or without other like empowered.

SIGNATURE: James C. Gagliardini	DATE: 4/13/04	Daytime Phone #: 305-395-0915
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