
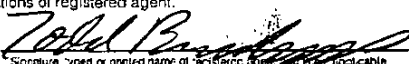
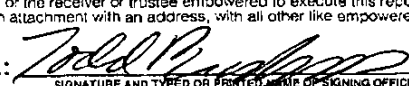


**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90831 030 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # P04000044525			
1. Entity Name FISH CAY, INCORPORATED			
Principal Place of Business 127ST SE HOBE HILLS DRIVE BOYNTON BEACH, FL 33435		Mailing Address 127ST SE HOBE HILLS DRIVE BOYNTON BEACH, FL 33435	
2. Principal Place of Business - No P.O. Box # 12754 SE Hobe Hills Dr		3. Mailing Address 12754 SE Hobe Hill Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hobe Sound FL		City & State Hobe Sound FL	
Zip 33455		Zip 33455	
Country		Country	
4. FEI Number 05-0598811		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BREMEKAMP, TODD 12754 SE HOBE HILLS AVENUE PALMDALE, FL 33944		7. Name and Address of New Registered Agent Name: Todd Bremekamp Street Address (P.O. Box Number is Not Acceptable): 12754 SE Hobe Hills Dr City: Hobe Sound FL 33455	
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. X SIGNATURE:  (NOTE: Registered Agent signature required when re-registering) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	D BREMEKAMP, TODD 12754 SE HOBE HILLS DRIVE JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	X Change <input type="checkbox"/> Addition Hobe Sound FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BREMEKAMP, TODD 12754 SE HOBE HILLS DRIVE HOBE SOUND, FL 33455 <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.			
X SIGNATURE:  Todd Bremekamp		Date: 4/26/07 Daytime Phone #: 954-724-8406	

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04262007 Chg-P CR2E034 (12/06)