

2008 FOR PROFIT CORPORATION ANNUAL REPORT

01-17-2008 90031 025 ***150.00
P04000089458

DOCUMENT # P04000089458
1. Entity Name
~~SWORD SLASHER~~ FISHING PRODUCTS, INC.
Swordslasher
(one word)



Principal Place of Business: 9694 VIA EMILIE, BOCA RATON, FL 33428
Mailing Address: 9694 VIA EMILIE, BOCA RATON, FL 33428

FILED
08 JAN 25 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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01132008 No Chg-P CR2E034 (11/05)
4. FEI Number: 42-1632278 Applied For: Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GIMBEL, BRUCE S
9694 VIA EMILIE
BOCA RATON, FL 33428

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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: *Bruce S Gimbel* *[Signature]* DATE: *1/13/08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GIMBEL, BRUCE S
STREET ADDRESS	9694 VIA EMILIE
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	VP
NAME	GIMBEL, DENISE K
STREET ADDRESS	9694 VIA EMILIE
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.
SIGNATURE: *[Signature]* *Bruce Gimbel* DATE: *1/13/08* DAYTIME PHONE #: *(561) 818-6794*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR