2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jul 12, 2006 8:00 am Secretary of State DOCUMENT # P04000138454 1. Entity Name 05-03-2006 90208 026 ***150.00 GENE'S SEAFOOD OF O P, INC. 07-12-2006 90003 009 ***150.00 Principal Place of Business Mailing Address 3535 HWY 17 STE. 1 7006 ATLANTIC BLVD. JACKSONVILLE FL. 32211 ORANGE PARK FL 32003 2. Principal Place of Business 3. Mailing Address 3535 HWY 17 7006 ATLANTIC BLVD. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For JACKSONVILLE ORANGE PARK Not Applicable 20-1709034 Country Country \$8.75 Additional 5. Certificate of Status Desired St. John's 32211 6. Name and Address of Current Registered Agent 32003 Fee Required Duval 7. Name and Address of New Registered Agent DEVRY E. DEWAN, CPA Street Address (P.O. Box Number is Not Acceptable) 7006 ATLANTIC BLVD. Zip Code JACKSONVILLE <u> 32211</u> 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) 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change Addition NAME 1314 Big Tree D. NAME STREET ADDRESS STREET ADDRESS 72266 CITY-ST-ZIP CITY-ST-ZIP mie ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED

ATTACHMENT 40098892 7-6-06 #904000138454 To: Divisioner of Carpenations From: Mitch Rady RE; GENES SERFOOD of OP (10 Corporation Annal Report For 2006. Please accept our check Time 150 FER OUR 2006 Annual Report fee. We did not get our First Notice to RONEW and we have Always paid on time. We have been incorporated For SEVERAL GERS. Despert Tully Submitted Mady