

FROM : DRUJAK & WILLIAMS

FAX NO. : 9547309349

04-29-2005 90290 009 \*\*\*150.00

P04000161473

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

05 JUN 15 PM 12: 08

RECEIVED  
FLORIDA

DOCUMENT # P04000161473

1. Entity Name  
FISHLOGIC, INC.



Principal Place of Business

2505 S.W. 31 AVENUE  
PEMBROKE PARK, FL 33009 US

Mailing Address

P.O. BOX 22127  
FORT LAUDERDALE, FL 33335 US

14011317



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

04192005

Chg-P

CR2E034 (10/03)

05

4. FEI Number

06-1736143

Applied For

Not Applicable

5. Certificate of Status Original



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANTHONY S. ADELSON, P.A.  
2100 EAST HALLANDALE BEACH BLVD.  
400  
HALLANDALE BEACH, FL 33009

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity certifies 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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when changing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE P  
NAME PAPUNEN, ERIC  
STREET ADDRESS 2505 SW 31 AVE  
CITY-ST-ZIP PEMBROKE PARK, FL 33009



Delete

TITLE VP  
NAME BETH, OLIVER  
STREET ADDRESS 627 LA VISTA ROAD  
CITY-ST-ZIP WALNUT CREEK, CA 94598



Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change



Addition

TITLE  
NAME



Change

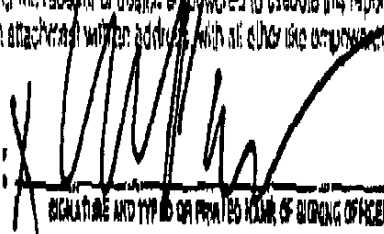


Addition

20f2

|                                                |                                 |                                                |                                                                   |
|------------------------------------------------|---------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Delete | STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(c), 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 info unchanged.

SIGNATURE:  April 26, 2008

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayton Place