2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 15, 2005 8:00 am Secretary of State DOCUMENT # P04000169486 04-15-2005 90081 034 ***150.00 FLORIDA MARINE AQUACULTURE, INC. Principal Place of Business Mailing Address 6611 HAYTER DR 6611 HAYTER DR LAKELAND, FL 33813 LAKELAND, FL 33813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082005 CR2E034 (10/03) Cha-P City & State 4. FEI Number 2038/65 City & State Applied For Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TANNER, JAY M Street Address (P.O. Box Number is Not Acceptable). ___ 6811 HAYTER DR LAKELAND, FL 33813 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Repistered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Ben-Added to Fees OFFICERS AND DIRECTORS *** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN \$11 Dail of complian TITLE SE OF THE T Section Delete TITLE Change Daddition sta: NAME TANNER, JAY M NAME STREET ADDRESS STREET ADDRESS 6611 HAYTER DR CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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 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 inflowered 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.

FILED