2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2007 8:00 am
Secretary of State
08-21-2007 90006 038 ***150.00

DOCUMENT # P05000068915

1. Entity Name
BELIZE SHRIMP, INC.

40129763

Principal Place of Business	Mailing Address
923 LAKE CHARLES CIR LUTZ, FL 33548	923 LAKE CHARLES CIR LUTZ, FL 33548

DO NOT WRITE IN THIS SPACE

08132007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2852821
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANEY, BETTY A
923 LAKE CHARLES CIR
LUTZ, FL 33548

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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

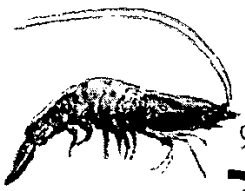
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HANEY, HERMAN L
STREET ADDRESS	923 LAKE CHARLES CIR
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	TS
NAME	HANEY, BETTY A
STREET ADDRESS	923 LAKE CHARLES CIR
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Gail Haney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #



ATTACHMENT

BELIZE SHRIMP, INC.

923 LAKE CHARLES CIRCLE • LUTZ, FL 33548 813.949.1881 Fax 813.949.7704

40129763
#P05000068915

Aug 10, 2007

Dear Sir.

I did not receive notice of 2007 for Profit Corporation annual report. Please warn late fee

Thank you,
Gail Haney
813-949-1881