

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000107446

Entity Name: G & B SHRIMPING, INC.

FILED
Aug 28, 2006
Secretary of State

Current Principal Place of Business:

160 ENNIS DR.
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

160 ENNIS DR.
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 43-2088508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLENN, LARRY
160 ENNIS DR.
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GLENN, LARRY
Address: 160 ENNIS DR.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: DV () Delete
Name: BROWER, HERBERT
Address: 306 N. AZURE LANE
City-St-Zip: COCOA BEACH, FL 32931

Title: ST (X) Delete
Name: MCCOY, SHERRY
Address: 746 SCALLOP DR.
City-St-Zip: PORT CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY MCCOY

ST

08/28/2006

Electronic Signature of Signing Officer or Director

Date