

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000126723

FILED
Jul 17, 2007
Secretary of State

Entity Name: TREASURE COAST CLAMS, INC.

Current Principal Place of Business:

3989 SOUTHWEST HELMLINGER STREET
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

744 PERIWINKLE CIRCLE
BAREFOOT BAY, FL 32976

Current Mailing Address:

3989 SOUTHWEST HELMLINGER STREET
PORT SAINT LUCIE, FL 34953

New Mailing Address:

744 PERIWINKLE CIRCLE
BAREFOOT BAY, FL 32976

FEI Number: 04-3826454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLYNN, MELISSA D
3989 SW HELMLINGER ST
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

FLYNN, MELISSA D
744 PERIWINKLE CIRCLE
BAREFOOT BAY, FL 32976 US

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:

07/17/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: FLYNN, MELISSA D
Address: 3989 SOUTHWEST HELMLINGER STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP () Delete
Name: COX, DONALD C
Address: 3989 SW HELMLINGER ST
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: FLYNN, MELISSA D
Address: 744 PERIWINKLE CIRCLE
City-St-Zip: BAREFOOT BAY, FL 32976

Title: VP (X) Change () Addition
Name: COX, DONALD C
Address: 744 PERIWINKLE CIRCLE
City-St-Zip: BAREFOOT BAY, FL 32976

I hereby certify that the information supplied with this filing does not qualify 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: MELISSA FLYNN

DPST

07/17/2007

Electronic Signature of Signing Officer or Director

Date