


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000151137		
1. Entity Name FLIPPIN' FRESH SEAFOOD, INC.		

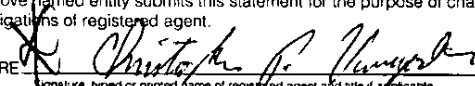
Principal Place of Business 734 NORTH US1 OAK HILL, FL 32759	Mailing Address 734 NORTH US1 OAK HILL, FL 32759
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
VANGORDER, CHRISTOPHER J 734 NORTH US1 OAK HILL, FL 32759	

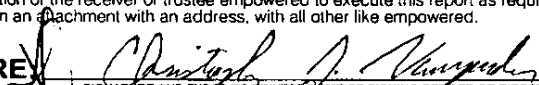
09122006	Chg-P	CR2E034 (11/05)
FEE Number 061761055		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

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 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 9/15/06
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANGORDER, CHRISTOPHER J	NAME	
STREET ADDRESS	734 NORTH US1	STREET ADDRESS	
CITY-ST-ZIP	OAK HILL, FL 32759	CITY-ST-ZIP	
TITLE	VP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANGORDER, CHRISTOPHER J	NAME	
STREET ADDRESS	734 NORTH US1	STREET ADDRESS	
CITY-ST-ZIP	OAK HILL, FL 32759	CITY-ST-ZIP	
TITLE	T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANGORDER, CHRISTOPHER J	NAME	
STREET ADDRESS	734 NORTH US1	STREET ADDRESS	
CITY-ST-ZIP	OAK HILL, FL 32759	CITY-ST-ZIP	
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANGORDER, CHRISTOPHER J	NAME	
STREET ADDRESS	734 NORTH US1	STREET ADDRESS	
CITY-ST-ZIP	OAK HILL, FL 32759	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 	DATE 9/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # 386 314 9246	

FILED

06 SEP 22 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



K. Eckel SEP 25 2006