

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000043925

FILED
Apr 21, 2008
Secretary of State

Entity Name: FISH LIPS ISLAND CARGO INC.

Current Principal Place of Business:

309 SADOWSKI CAUSWAY
KEY COLONY BEACH, FL 33051 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 510044
KEY COLONY BEACH, FL 33051 US

New Mailing Address:

FEI Number: 20-4572952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, LYNNE M
196 S. INDIES DR.
DUCK KEY, FL 33051 US

Name and Address of New Registered Agent:

DIXON, LYNNE M
156 N. INDIES DR.
MARATHON, FL 33051 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: _____

Electronic Signature of Registered Agent

04/21/2008

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AYRES, ANDREA
Address: 196 S INDIES DR.
City-St-Zip: DUCK KEY, FL 33050

Title: VP () Delete
Name: AYRES, ANDREA
Address: 196 S INDIES DR.
City-St-Zip: DUCK KEY, FL 33050

Title: S () Delete
Name: AYRES, ANDREA
Address: 196 S INDIES DR
City-St-Zip: DUCK KEY, FL 33050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AYRES, ANDREA
Address: 156 N INDIES DR.
City-St-Zip: MARATHON, FL 33050

Title: VP (X) Change () Addition
Name: AYRES, ANDREA
Address: 156 N INDIES DR.
City-St-Zip: MARATHON, FL 33050

Title: S (X) Change () Addition
Name: AYRES, ANDREA
Address: 156 N. INDIES DR
City-St-Zip: MARATHON, FL 33050

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: ANDREA AYRES

Electronic Signature of Signing Officer or Director

P

04/21/2008

Date