2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000141435

Entity Name: SHRIMP HOUSE INC.

4597 SW 120 AVE

MIRAMAR, FL 330276056

Address: City-St-Zip: FILED Jul 14, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 119 SOUTH PINE AVE OCALA, FL 34471 **Current Mailing Address: New Mailing Address:** 119 SOUTH PINE AVE OCALA, FL 34471 FEI Number: 20-5856691 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ABDELHQANI, TAWFIK 2284 SW 129 TERRACE MIRAMAR, FL 33027 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 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ABDELHQANI, TAWFIK Name: Name: 2284 SW 129 TERRACE Address: Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: () Delete Title: VPD Title: () Change () Addition MAALI, AZIZ M Name: Name: 4597 SW 120 AVE Address: Address: MIRAMAR, FL 330276056 City-St-Zip: City-St-Zip: Title: Title: STD (X) Delete () Change () Addition TAHA, RAFIK M Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: TAWFIK ABDELHQANI PD 07/14/2007