

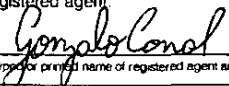
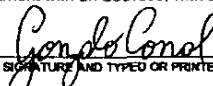


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000012939						<p><b>FILED</b></p> <p><b>08 FEB -7 PM 2:31</b></p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
<b>1. Entity Name</b> BIT SHRIMP CORP							
Principal Place of Business		Mailing Address					
1140 INDEPENDENT TRAIL HOMESTEAD, FL 33034		242 RIVIERA CIRCLE WESTON, FL 33326					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEL Number		Applied For	
Zip		Country		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02062008 Chg-P CR2E034 (12/06)			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORRAL, GONZALO J 242 RIVIERA CIRCLE WESTON, FL 33326				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 2/6/08			
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORRAL, GONZALO J 242 RIVIERA CIRCLE WESTON, FL 33326 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	600118418266 02/20/08--01009--004 <input type="checkbox"/> Change <input type="checkbox"/> Addition **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 2/6/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			