2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 18, 2008 8:00 am Secretary of State **DOCUMENT # P07000103327** 1. Entity Name 04-18-2008 90043 044 ***150.00 SUN & FUN SPORT FISHING, INC. Principal Place of Business Mailing Address 200 E 13TH STREET P. O. BOX 10301 RIVIERA BEACH FL 33419 **RIVIERA BEACH FL 33404** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEJ Number Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAN EPP, DONALD M Street Address (P.O. Box Number is Not Acceptable) 200 E 13TH STREET **RIVIERA BEACH FL 33404** 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 Synature, typeo or trimted habits of registered insert and title Templicacio. SNOTE Registered Agent singstore sequired when constituted FILE NOW!!! FEE IS:\$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change ☐ Addition Delete VAN EPP, DONALD M NAME STREET ADDRESS 200 E 13TH STREET STREET ADDRESS RIVIERA BEACH FL 33404 CITY-ST-ZIP CITY-ST-2IP TITLE Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE TITLE De de The Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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. 4/5/08 561-846-1202 Daysone Progres

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information