2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 13, 2006 08:00 AM **Secretary of State** DOCUMENT*# P93000039170 1. Entity Name SEA PROTEIN INC. Principal Place of Business Mailing Address 10833 NW 29TH STREET 10833 NW 29TH STREET DORAL, FL 33172 US DORAL, FL 33172 US 02222006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0419001 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI DO NOT WRITE 201 S BISCAYNE BLVD 1500 MIAMI CENTER IN THIS SPACE MIAMI, FL 33131 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PSTO NAME NAETER, HANS-CHRISTIAN STREET ADDRESS 10833 SW 29TH ST. 10/00/06/1464527 CITY-ST-ZIP DORAL, FL 33172 03/21/06-30119-012 150.00 TITLE NAME STREET ADDRESS CATY-ST-70P 7172 F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

FILED

12. I hereby certify that the information supplied with this filling 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 pain; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CSTY-ST-ZIP