


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # F03000074925 1. Entity Name GALT OCEAN FOODS, INC.	
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Principal Place of Business 4032 N OCEAN BLVD FT LAUDERDALE, FL 33068 US	Mailing Address 1439 S POMPANO PKWY POMPANO BEACH, FL 33069
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DO NOT WRITE IN THIS SPACE



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0447579	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent UPCHURCH, JAMES R J 1439 S POMPANO PKWY STE 300 POMPANO BCH, FL 33069

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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 _____
Signature, typed 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	11000000914925 05/08/08-80073-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD UPCHURCH, JAMES R JR 1439 S POMPANO PKWY POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRIESEMER, MARY K 1439 S POMPANO PKWY POMPANO BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  1/29/08 954-972-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #