Mar 17, 2006 8:00 am Secretary of State **2006 FOR PROFIT CORPORATION ANNUAL REPORT** 03-17-2006 90131 034 ***150.00 DOCUMENT # P95000015815 1. Entity Name CHASIN TAIL SEAFOOD, INC. 400000 Mailing Address Principal Place of Business 1248 NIMITZ RI VD 1249 NIMITZ BLVD -LEHIGH ACRES: FL-33936 LEHIGH ACRES, Ft 33936 2. Principal Place of Business 2995 S. Ckveland Ave Suite, Apt. #, etc. 02202006 CR2E034 (11/05) Ste. 10 4. FEI Number Applied For 65-0565374 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COHEN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1248 NIMITZ BLVD LEHICH ACRES, FL. 33936 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change ☐ Delete Cohen, hobert ☐ Addition COHEN, ROBERT NAME NAME -3536 UNIQUE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 33908 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

of the corporation or the reco

FILED