

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90110 014 \*\*\*150.00

<b>DOCUMENT # P96000062419</b> 1. Entity Name <b>ROOSTERFISH, INC.</b>					
Principal Place of Business <b>8518 REDFIELD DR. PORT RICHEY, FL 34668</b>			Mailing Address <b>P.O. BOX 7 PORT RICHEY, FL 34673 US</b>		
2. Principal Place of Business <b>8522 Redfield Dr.</b>		3. Mailing Address 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Port Richey FL</b>		City & State			
Zip <b>34668</b>		Country <b>USA</b>		Zip	
Country		4. FEI Number <b>59-3391098</b>			
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
\$8.75 Additional Fee Required		01262006 Chg-P CR2E034 (11/05)			
6. Name and Address of Current Registered Agent  <b>QUASS, SHARON L 8518 REDFIELD DRIVE PORT RICHEY, FL 34668</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8522 Redfield Drive</b> City <b>Port Richey</b> <b>FL</b> Zip Code <b>34668</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P QUASS, SHARON L. 8522 RED FIELD DRIVE PORT RICHEY, FL 34668</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CLEMENT, DENNY JW 8522 RED FIELD DRIVE PORT RICHEY, FL 34668</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 <b>1/26/06</b> Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					