2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2006
Secretary of State

DOCUMENT# P96000090043

Entity Name: CEDAR CREEK SHELLFISH FARMS, INC.

Current Principal Place of Business:

859 POMPANO AVENUE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

846 DOLPHIN AVE.
NEW SMYRNA BCH., FL 32169

New Mailing Address:

701 DOWNING STREET
NEW SMYRNA BCH., FL 32168

FEI Number: 59-3411169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SULLIVAN, MICHAEL J
846 DOLPHIN AVE
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

SULLIVAN, MICHAEL J
701 DOWNING STREET
NEW SMYRNA BEACH, FL 32168 US

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.

SIGNATURE: MICHAEL J SULLIVAN 03/19/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BOLLMAN, JOHN A III
Address: 859 POMPANO AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D ( ) Delete
Name: SULLIVAN, MICHAEL J
Address: 846 DOLPHIN AVE
City-St-Zip: NEW SMYRNA BEACH, FL

Title: P ( ) Delete
Name: BOLLMAN, JOHN A
Address: 859 POMPANO AVE
City-St-Zip: NEW SMYRNA BEACH, FL

Title: ST ( ) Delete
Name: SULLIVAN, MICHAEL
Address: 846 DOLPHIN AVE
City-St-Zip: NEW SMYRNA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SULLIVAN, MICHAEL J
Address: 701 DOWNING STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: SULLIVAN, MICHAEL
Address: 701 DOWNING STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J SULLIVAN ST 03/19/2006
Electronic Signature of Signing Officer or Director Date