2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 12, 2007 08:00 AM DOCUMENT # P97000032942 - -Secretary of State 1. Entitÿ Name 1 GOTCHA' SPORTFISHING, INC. Principal Place of Business Mailing Address C/O HOLIDAY ISLE MARINA, MM84 P.O. BOX 1221 ISLAMORADA, FL 33036 ISLAMORADA, FL 33036 No Chg-P CR2E034 (11/05) 03082007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0742991 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIKLAS, JOE DO NOT WRITE 88765 OVERSEAS HWY. TAVERNIER, FL 33070 IN THIS SPACE 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, 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 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE WALKER, MELVIN J JR. NAME STREET ADDRESS 133 N. HAMMOCK RD. CITY-ST-ZIP ISLAMORADA, FL. 33036 IIILE NAME U00000664176 03/22/07-80033-023 158.75 STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP **TITLE** NAME STREET ADDRESS

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

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