

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000051133



1. Entity Name
 DEEP BLUE SEAFOOD, INC.

Principal Place of Business
 3815 N US 1
 SUITE 57
 COCOA, FL 32926

Mailing Address
 3815 N US 1
 SUITE 57
 COCOA, FL 32926



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3452891 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FALES, GREGORY B.
 605 SHOREWOOD DR UNIT 402
 CAPE CANAVERAL, FL 32920

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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 GREGORY FALES [Signature] 1/4/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE - Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPS
 NAME KOTZ, DAVID F.
 STREET ADDRESS 985 SAMAR ROAD
 CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE PT
 NAME FALES, GREGORY B.
 STREET ADDRESS 605 SHOREWOOD DR # 402
 CITY-ST-ZIP CAPE CANAVERAL, FL 32920

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1107000177075
 01/11/05-80022-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] GREGORY FALES 1/4/05 321.633.3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #