2004 FOR PROFIT CORPORATION

Apr 27, 2004 8:00 am Secretary of State **ANNUAL REPORT** 04-27-2004 90079 036 ***150.00 DOCUMENT # P98000040899 FUTURE FISH FARMS, INC. 94068365 Principal Place of Business Mailing Address 5672 JABEZ ROAD 450 EAST OLAS BLVD. BREVARD COUNTY, FL SUITE 1500 FORT LAUDERDALE, FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202004 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 65-0901670 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRANDEN, CRIS Street Address (P.O. Box Number is Not Acceptable) 450 EAST OLAS BLVD **SUITE 1500** FORT LAUDERDALE, FL 33301 City Zip Code 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 little if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE DT Delete TITLE ☐ Addition HUIZENGA, JR H, WAYNE 450 E LAB OLMS BLVD SVITE 1500 HUIAENGA, JR., H. WAYNE NAME 450 E. OLAS BLVD., SUITE 1500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33301 CITY-ST-ZIP LAVOVONE FL 3330) ☐ Delete ☐ Change ☐ Addition TITLE BRANDEN, CRIS V NAME NAME STREET ADDRESS 450 E. OLAS BLVD., SUITE 1500 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33301 CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME HANDLEY, RICHARD L NAME STREET ADDRESS 450 E. OLAS BLVD., SUITE 1500 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33301 CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 recepter 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:

V BRINGW VIU PROJONT YELLOY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED