2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2006 08:00 AN Secretary of State **DOCUMENT # P98000061458** 1. Entity Name SALTY DOG SPORTFISHING INC. Principal Place of Business Mailing Address P.O. BOX 510104 P.O. BOX 510104 KEY COLONY BEACH, FL 33051 KEY COLONY BEACH, FL 33051 CR2E034 (11/05) 01102006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0852187 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALDRIDGE, DANIEL L DO NOT WRITE 331 9TH STREET KEY COLONY BEACH, FL 33051 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature regulaed when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE ALDRIDGE, DANIEL L NAME STREET ADDRESS 331 -9TH ST 05/08/06-80115-018 150.00 CITY-ST-ZIP KEY COLONY BCH, FL 33051 TODE ALDRIDGE, PAMELA S NAME STREET ADDRESS 331-9TH STREET CITY-ST-ZIP KEY COLONY BEACH, FL 33051 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 in changed, or on an attachgreit with an address, with all purplet like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

MALLE - MALLE STATES OF PRINTED HAME OF STATES OF DIRECTOR

, 305-143-2324 Dayline Phone #

FILED