

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000065952

Entity Name: ADDICTIVE FISHING, INC.

FILED
Apr 21, 2006
Secretary of State

Current Principal Place of Business:

5 HARBORWOODS DRIVE
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

2601 SPRING GREEN DRIVE
LUTZ, FL 33559 US

Current Mailing Address:

PO BOX 96
SAFETY HARBOR, FL 346950096 US

New Mailing Address:

2601 SPRING GREEN DRIVE
LUTZ, FL 33559 US

FEI Number: 59-3631668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCABE, KEVIN L
5 HARBORWOODS DRIVE
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

MCCABE, KEVIN L CEO
2601 SPRING GREEN DRIVE
LUTZ, FL 33559 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: KEVIN L MCCABE

04/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCABE, KEVIN L
Address: 5 HARBORWOODS DRIVE
City-St-Zip: SAFETY HARBOR, FL 32695

Title: VD () Delete
Name: WIGGINS, BLAIR
Address: 5990 GILSON AVE
City-St-Zip: COCOA, FL 32927

Title: S () Delete
Name: WIGGINS, CARL L
Address: 5990 GILSON AVE
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCCABE, KEVIN L
Address: 2601 SPRING GREEN DRIVE
City-St-Zip: LUTZ, FL 33559

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

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

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: KEVIN L MCCABE

PD

04/21/2006

Electronic Signature of Signing Officer or Director

Date