
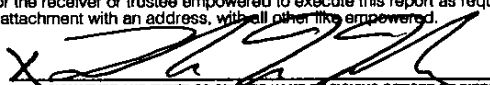


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90032 017 \*\*\*150.00

<b>DOCUMENT # P98000090469</b>			
1. Entity Name RESEARCH AQUACULTURE, INC.			
Principal Place of Business 6238-1 RIVERWALK LANE JUPITER, FL 33458 US		Mailing Address 6238-1 RIVERWALK LANE JUPITER, FL 33458 US	
2. Principal Place of Business 4795 SE Manatee Suite, Apt. #, etc. Cove Rd		3. Mailing Address 4795 SE Manatee Suite, Apt. #, etc. Cove Rd	
City & State Stuart, FL		City & State Stuart, FL	
Zip 34997		Zip 34997	
Country USA		Country USA	
4. FEI Number 65-0874343		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCRUDEN, THOMAS M 6238-1 RIVERWALK LANE JUPITER, FL 33458		7. Name and Address of New Registered Agent Name - Mc Crudden, Thomas M. Street Address (P.O. Box Number is Not Acceptable) 4795 SE Manatee Cove Rd City Stuart FL Zip Code 34997	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MCCRUDEN, THOMAS M 6238-1 RIVERWALK LANE JUPITER, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 		Date: 1/29/05 561-702-8159	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	