


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000093402 1. Entity Name GENE'S SEAFOOD OF AMERICA, INC			
Principal Place of Business 1515 PENMAN ROAD C JACKSONVILLE BEACH, FL 32250		Mailing Address 1515 PENMAN ROAD C JACKSONVILLE BEACH, FL 32250	
DO NOT WRITE IN THIS SPACE			
		04162035 No Chg-P CR2E034 (10/03)	
		4. Fed Number 59-3539456	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent RADY, MITCHELL J 1515 PENMAN RD. SUITE C JACKSONVILLE BEACH, FL 32250		DO NOT WRITE IN THIS SPACE	
6. 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 _____ <small>Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when re-filing) DATE _____</small>			
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		DO NOT WRITE IN THIS SPACE U000000317311 04/20/05-80013-011 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVST RADY, MITCHELL J 1515 PENMAN ROAD SUITE C JACKSONVILLE BCH, FL 32250		
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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)(b), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-19-05 904-249-9505 <small>Date Daytime Phone #</small>	