


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P99000054263 1. Entity Name MEL FISHER TREASURE EXHIBIT, INC. |  |
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| Principal Place of Business 200 GREENE STREET KEY WEST, FL 33040 | Mailing Address 200 GREENE STREET 4TH FLOOR KEY WEST, FL 33040 |
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DO NOT WRITE IN THIS SPACE



04142008 No Chg-P - CR2E034 (11/05)

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| 4. FEI Number 65-0925423 | 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

**FISHER, KIM
200 GREENE STREET
KEY WEST, FL 33040**

**DO NOT WRITE
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing)
Signature, typed or printed name of registered agent and title if applicable. DATE

| | | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 1000000406438 05/02/08-80022-012 150.00 |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FISHER, KIM 200 GREENE ST KEY WEST, FL 33040 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FISHER, LEE 200 GREENE ST KEY WEST, FL 33040 |
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**DO NOT WRITE
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kim Fisher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #