


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90143 041 ****61.25

DOCUMENT # 704334			
1. Entity Name THE AQUA VISTA CIRCLES CORPORATON, INC.			
Principal Place of Business 32 AQUA VISTA DR ORMOND BEACH FL 32176 US		Mailing Address 32 AQUA VISTA DR ORMOND BEACH FL 32176 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 59-0743033		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 BAUM, LAVERNE 32 AQUA VISTA DR ORMOND BCH FL 32176		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			



1st MOORE CR2E037 (10/05)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOHMANN, RICHARD 1 HOLLY CIR ORMOND BEACH FL 32176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAINTENANCE DIRECTOR JERRY HILL 2 PALM CIRCLE O.B., FL., 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BANNON, JOHN 1 LIGUSTRUM CIRCLE ORMOND BEACH FL 32176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOE SEDOTTO 4 MELALBUCA O.B., FL., 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THEWLIS, JIM 30 AQUA VISTA DR ORMOND BEACH FL 32176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HELEN BGRES 36 AQUA VISTA DR. O.B., FL., 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAUM, LAVERNE 32 AQUAVISTA DR ORMOND BEACH FL 32176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PHYLISS TIPLADY 16 AQUA VISTA DR. O.B., FL., 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUM, RICHARD 32 AQUA VISTA DR ORMOND BEACH FL 32176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTORS BOB MARTIN + RUTH KELLY 24 + 58 AQUA VISTA DR. O.B., FL., 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAGER, MARY 18 AQUA VISTA DR ORMOND BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTORS MAURBEN PURCELL + JIM PAYNE 2 HOLLY CIRCLE + 45 AQUA VISTA DR. O.B., FL., 32176

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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 *Laverne L. Baum* (LAVERNE L. BAUM) **04/28/06** **386-441-5625**