2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 752888 1. Entity Name WEST FLORIDA LIGHTNING AQUATICS, INC. Principal Place of Business Mailing Address

FILED Page 12, 2001 8:00 am Secretary of State 02-12-2001 90209 001 ****61.25

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE	WFLA 13120 VONN ROAD LARGO FL 33774		P.O. BOX 1144 INDIAN ROCKS BEACH FL	33785-11	44	 	8 1 3 6 6 7				
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Signature The above named entity submits this statement for the purpose of changing its registered Agent and Expensive Country FeE is \$61.25 File NOW: FEE is \$61.25 File NOW: FEE is \$61.25 File NOW: FIL	City & State	е	City & State		4. FEI Numbe	800083300]	
SIGNATURE FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS IN ENGRAPHICA MAKE MOREAU, PATRICIA 79479 IVWOOD RD LARGO FL 33777 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE FILE NOW: FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 MILE MOREAU, PATRICIA 7949 IVWOOD RD 1475-12* DV OCUUMBE, DAWN 1576-12* DV OCUUMBE, DAWN 1576-12* DV COULOBE, DAWN 1576-12* STORE TADDESS 1077-51-2* ST. PETERESSURG FL 33708 CROMER, JAYNE CROMER, JAYNE 1078-51-2* CROMER, JAYNE 1078-51-2* OFFICERS AND DIRECTORS 1186-14008SS 1198-14008SS	Zip Country		Zip	Cour	ntry	5. Certificate	5. Certificate of Status Desired			1.75 Additional e Required	
MOREAU, PATRICIA 79479 IN/WOOD RD LARGO FL 33777 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. SIGNATURE Signature, loped or preser owner of registered spers and size if explicable.		6. Name and Address of Current	Registered Agent	egistered Agent							
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. City FL Zip Code		The state of the s	a riisa saas iyaan, aga r	- 1	Name [*]	-				·~]~
B. 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 Suprave, typed or period here of registered agent and the 1 applicable. NOTE Registered Agent signature reserved whom renaturing DATE					Street Address (P.O. Box Number is Not Acceptable)						1
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SIGNATURE Signame, lipsed or protect name of registered agent, and offer it applicable. (HOTE Registered Agent signature required when reinstating) DATE	LARGO F	L 33777			City			FL	Zip Code)	1
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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 attackment with an address, with all other like empowered.