


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000002483	
1. Entity Name AQUAZUL HOLDINGS CORPORATION	

FILED
2007 FEB 22 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business CITITRUST (BAHAMAS), LTD. THOMPSON BOULEVARD, P.O. BOX N-1576 NASSAU, BAHAMAS, XX	Mailing Address CITITRUST (BAHAMAS), LTD. THOMPSON BOULEVARD, P.O. BOX N-1576 NASSAU, BAHAMAS, XX
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

12072006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 agent for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <i>Anthony L. Causi</i>	DATE: 2-22-07
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC WINDER, MARIE-JACQUELI THOMPSON BOULEVARD, P.O. BOX N-1576 NASSAU, BAHAMAS, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900082573899 12/15/06--01047--007 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPVC WINDER, ERIC THOMPSON BOULEVARD, P.O. BOX N-1576 NASSAU, BAHAMAS, <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	SD ROMER, MONIQUE THOMPSON BOULEVARD, P.O. BOX N-1576 NASSAU, BAHAMAS, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900082573899 03/01/07--01003--019 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COX, DARRELL THOMPSON BOULEVARD, P.O. BOX N-1576 NASSAU, BAHAMAS, <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	D YOUNG, JANICE THOMPSON BOULEVARD, P.O. BOX N-1576 NASSAU, BAHAMAS, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B 2/23/07
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 REINSTATEMENT 06-07

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: <i>Anthony L. Causi</i> DIRECTOR	Date: 12/6/06