


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90197 003 ****70.00

DOCUMENT # N40513 1. Entity Name THE NEW WORLD AQUARIUM, INC.					
Principal Place of Business 401 SW 2ND ST., FORT LAUDERDALE, FL 33312 US			Mailing Address 401 SW 2ND ST FORT LAUDERDALE, FL 33312		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0238309	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOREN, SAMUEL S 3099 EAST COMMERCIAL BLVD. SUITE 200 FT. LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name Kim Cavendish Street Address (P.O. Box Number is Not Acceptable) 401 SW 2nd St. City Fort Lauderdale, FL Zip Code 33312		
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 <u><i>Kim Cavendish</i></u> DATE <u>4/18/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVC ANGELO, THOMAS 515 E LASOLAS BLVD, STE 850 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVC LEVINSON, JON 2915 S FEDERAL HWY #D-2 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS KOENIG, KEITH 6701 N HIATUS RD TAMARAQ, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT TANNER, PAUL 450 ROYAL PALM WAY PALM BEACH, FL 33480	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC RODRIGUES, RAY 350 E LAS OLAS BLVD STE 1420 FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF ACKERMAN, PATTY 401 SW 2ND ST FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Cavendish, Kim 401 SW 2nd St. Fort Lauderdale, FL 33312				
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 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: <u><i>Patty Ackerman</i></u> PATTY ACKERMAN, VP Finance <u>4/16/07</u> <u>954-467-6637</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50001324



04162007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

\$8.75 Additional Fee Required

4/18/07
DATE

954-467-

6637-6312
Daytime Phone #