2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130897

Entity Name: AQUATURIS, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 28 NORTH MAIN STREET WINTER GARDEN, FL 34787 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 25 OAKLAND, FL 347600025 FEI Number: 51-0439056 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEFELICE, CHRISTOPHER 14 WEST VICK STREET OAKLAND, FL 347600025 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DVP () Delete Title: (X) Change () Addition HOOVER, PIERCE DEFELICE, CHRISTOPHER J Name: Name: 531 LAKEFRONT BLVD 14 WEST VICK STREET Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: OAKLAND, FL 34760 Title: DP (X) Delete Title: () Change () Addition Name: DEFELICE, CHRISTOPHER J Name: 17041 ARROWHEAD BLVD Address: Address: WINTER GARDEN, FL 34787 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition HOOVER, JEANETTE Name: Name: 531 LAKEFRONT BLVD Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: (X) Delete Title: () Change () Addition DEFELICE, TERESA Name: Name: Address: 17041 ARROWHEAD BLVD Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER DEFELICE DP 04/30/2007