2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2007 8:00 am Secretary of State

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DOCUMENT # P06000013438 1. Entity Name SHAMU AQUA VENTURES, INC.					01-25-2007 90059 019 ***150.00				
Principal Plac	e of Business	Mailing Address							
Principal Place of Business 740 S. FEDERAL HWY #506 POMPANO BEACH, FL 33062		740 S. FEDERAL HWY # POMPANO BEACH, FL			400	05934			
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2. Principal Place of Business - No P.O. 8ox #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01082007	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Number 20 - 4.	212628	3	· · · ·	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	f Status Desired		\$8.75 Add	ditional d
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered A	Agent	
FRISHMAI			Name	•••				•	
FRISHMAN, JOHN 740 S. FEDERAL HWY #506 POMPANO BEACH, FL 33062			Street Ac	ddress (I	P.O. Box Number	is Not Acceptable	e)		
	5 52.1011,12 55552								
			City				FL	Zip Cod	е
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or	register	ed agent, or both	, in the State of Fl	orida. I am i	familiar with,	and accept
u le obligat	tions of registered agent.								
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SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signatu	re required	when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent		· · · · · · · · · · · · · · · · · · ·				DATE		
FIL	Signature, typed or printed name of registered agent E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campai	gn Financing		when reinstating) OO May Be ed to Fees		DATE		
FIL	Signature, typed or printed name of registered agent E NOWIII FEE IS \$150.00	9. Election Campai Trust Fund Contr	gn Financing		00 May Be ed to Fees	CHANGES TO OFF		DIRECTOR:	S IN 11
FIL After M	Signature, typed or printed name of registered agent E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campai Trust Fund Contr	gn Financing ribution.		00 May Be ed to Fees	CHANGES TO OFF		DIRECTOR:	S IN 11
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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.

CITY-ST-ZIP

SIGNATURE.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7.1/D)

Daytime Phone #