2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State
03-26-2007 90068 029 ***150.00

DOCUMENT # P06000157793

1. Entity Name
BLUE SUN AQUATICS, INC.

40041496

01092007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
~~1130 HOMAGE BOULEVARD~~ EAST ~~JACKSONVILLE, FL 32225~~	~~1130 HOMAGE BOULEVARD~~ EAST ~~JACKSONVILLE, FL 32225~~
2. Principal Place of Business - No P O Box # 1130 HOMARD Boulevard East	3. Mailing Address 1130 HOMARD Boulevard East
Suite, Apt #, etc	Suite, Apt. #, etc
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32225 Country: USA	Zip: 32225 Country: USA

4. FEI Number 20-8185799 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEVE, SHANNON L
~~1130 HOMAGE BOULEVARD EAST~~
~~JACKSONVILLE, FL 32225~~

7. Name and Address of New Registered Agent

Name

Street Address (P O Box Number is Not Acceptable) 1130 HOMARD Boulevard EAST

City Jacksonville FL Zip Code 32225

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 [signature] 3-22-2007
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST NEVE, SHANNON L ~~1130 HOMAGE BOULEVARD EAST~~ ~~JACKSONVILLE, FL 32225~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST NEVE, SHANNON L 1130 HOMARD Boulevard EAST Jacksonville, FL 32225	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NEVE, LEVI W ~~1130 HOMAGE BOULEVARD EAST~~ ~~JACKSONVILLE, FL 32225~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NEVE, LEVI W 1130 HOMARD Boulevard EAST Jacksonville, FL 32225	☒ Change ☐ Addition
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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, with all other like empowered.

SIGNATURE: [signature] SHANNON L NEVE PRESIDENT 3-22-2007 904-333-9047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #