


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # V43247

1. Entity Name
AQUACAL, INC.



Principal Place of Business
2737 24TH ST NORTH
ST PETERSBURG, FL 33713 US

Mailing Address
5755 POWERLINE ROAD
FT. LAUDERDALE, FL 33069



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3131504	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KENT, WILLIAM A.
2737 24TH ST. NORTH
ST. PETERSBURG, FL 33713

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

U00000403635
02/06/06-80015-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENT, WILLIAM A. 5755 POWERLINE ROAD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CHISLING, GARY 5755 POWERLINE ROAD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BOLENBAUGH, CRAIG 5755 POWERLINE ROAD FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Craig Bolenbaugh **CRAIG BOLENBAUGH** 1/6/06 954-772-6966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #