2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2005 08:00 AM **Secretary of State DOCUMENT #846251** AQUARIUS WATERAGE ENTERPRISES, LIMITED (INCORPORATED) Principal Place of Business ____ Mailing Address 3801 KENNETT PIKE A102 GREENVILLE CENTER 3801 KENNETT PIKE A102 GREENVILLE CENTER P.O. BOX 4420 P.O. BOX 4420 WILMINGTON, DE 19807 WILMINGTON, DE 19807 CR2E034 (10/03) No Chg-P 01042005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0252289 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DULANY, JOHN H. 2260 S.E. 17TH STREET FORT LAUDERDALE, FL 33316 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. (NOTE, Registered Agent signature required when reinstating) Standare, typog or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. \Box Added to Fees OFFICERS AND DIRECTORS 10. TITLE EDMONDS, ANDREW W. NAME - H00000176971 510 RIVER DRIVE STREET ADDRESS 01/11/05-80018-009 150.00 CITY-ST-ZIP VERO BEACH, FL 32963 TITLE MARTIN, KENNETH C NAME STREET ADDRESS A-102 GREENVILLE CENTER WILMINGTON, DE 19807 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED