

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004245

FILED
May 01, 2007
Secretary of State

Entity Name: PALM BEACH COUNTY AQUARIUM CORPORATION

Current Principal Place of Business:

11301 U.S. HIGHWAY ONE
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

11301 U.S. HIGHWAY ONE
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 56-2360323 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ANGELL CORPORATE SERVICES, INC.
ONE NORTH CLEMATIS STREET
SUITE 400
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

CRAWFORD, BRUCE
11467 RIVERWOOD PLACE
NORTH PALM BEACH, FL 33408 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: BRUCE CRAWFORD

05/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR. () Delete
Name: BRACCI, MICHAEL J PRES
Address: 11301 US HWY #1
City-St-Zip: NORTH PALM BEACH, FL 33458 US

Title: MRS. () Delete
Name: LOVEJOY, SUSAN SEC/TRE
Address: 11265 OLD HARBOUR RD
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: MR. () Delete
Name: SCARPA, FRANK OFFICER
Address: 199 COMMODORE DR
City-St-Zip: JUPITER,, FL 33477 US

Title: MR. () Delete
Name: WILKINS, WILLAM E OFFICER
Address: 600 WEST BLUE HERON BLVD.
City-St-Zip: RIVIERA BEACH,, FL 33404 US

Title: MR.. () Delete
Name: CRAWFORD, BRUCE OFFICER
Address: 11467 RIVERWOOD PLACE 12 OAKS
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: MRS. () Delete
Name: PERRY, J. HELENA OFFICER
Address: 209 GRAND POINTE DR.
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE CRAWFORD

OFFI

05/01/2007

Electronic Signature of Signing Officer or Director

Date