

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000085389

FILED
Jan 16, 2008
Secretary of State

Entity Name: AQUATIC DESIGN & ENGINEERING, INC,

Current Principal Place of Business:

2 W. OAKLAND AVE., SUITE 100
OAKLAND, FL 34760

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1208
OAKLAND, FL 34760

New Mailing Address:

FEI Number: 59-3361211 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARTIN, KENNETH R
5874 COVE DRIVE
BELLE ISLE, FL 32812 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: MARTIN, KENNETH R
Address: 5874 COVE DRIVE
City-St-Zip: BELLE ISLE, FL 32812

Title: S () Delete
Name: MARTIN, PATRICIA O
Address: 5874 COVE DRIVE
City-St-Zip: BELLE ISLE, FL 32812

Title: V () Delete
Name: LINDEMANN, WILLIAM T PE
Address: 1140 ANDERSON STREET
City-St-Zip: CLERMONT, FL 34711

Title: VP () Delete
Name: TOAVS, JONATHAN A
Address: 2 W. OAKLAND AVE., SUITE 100
City-St-Zip: OAKLAND, FL 34760

Title: D () Delete
Name: NIX, ARTHUR C PE
Address: 17550 CR 455
City-St-Zip: MONTVERDE, FL 34756

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: LINDEMANN, WILLIAM T PE
Address: 1140 ANDERSON STREET
City-St-Zip: CLERMONT, FL 34711

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

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

Title: VP () Change (X) Addition
Name: MARTIN, JONAH L
Address: 674 HEMPSTEAD AVENUE
City-St-Zip: ORLANDO, FL 32803

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH MARTIN

PT

01/16/2008

Electronic Signature of Signing Officer or Director

_____ Date