

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVAL  
AND  
FILED

06 NOV 17 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*



11142006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # 485651</b> 1. Entity Name <b>FLORIDA AQUATIC NURSERIES, INC.</b>					
Principal Place of Business <b>700 S. FLAMINGO RD..          FT LAUDERDALE, FL 33325-3449</b>			Mailing Address <b>700 S. FLAMINGO RD..          FT LAUDERDALE, FL 33325-3449</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1619864</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KAHN, JEFFREY          5100 TOWN CENTER CIRCLE          SUITE 400          BOCA RATON, FL 33486</b>			Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS <b>MCLANE, BRADFORD</b> <b>700 S. FLAMINGO RD.</b> <b>FORT LAUDERDALE, FL 33325</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <b>McLane, Brandon</b> <b>700 S. Flamingo Rd.</b> <b>Fort Lauderdale, FL 33325</b>	
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>MCLANE, BRADFORD G</b> <b>700 S. FLAMINGO RD.</b> <b>FT LAUDERDALE, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <b>900081915139</b>  <b>11/17/06--01062--001 **61.25</b> </div>	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS <b>MCLANE, BEVERLY</b> <b>700 S. FLAMINGO RD.</b> <b>FORT LAUDERDALE, FL 33325</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <i>Brad M. L.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			11/16/06 <small>Date</small>		954 472 5120 <small>Daytime Phone #</small>