2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

RECD Fels 275 2008 08:00 AN Secretary of State **DOCUMENT # 525656** 1. Entity Name AQUATIC SYSTEMS, INC. Principal Place of Business Mailing Address 2100 NW 33RD STREET POMPANO BEACH FL 33069 2100 NW 33RD STREET POMPANO BEACH FL 33069 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) 4. FEI Number City & State City & State Applied For 59-1721394 Not Applicable Country Zip Country Zip \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEHAVEN, GAIL M. Street Address (P.O. Box Number is Not Acceptable) 1222 SE 7TH CT DEERFIELD BCH FL 33441 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or poto, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _ Signature, typed or grinted pann of registered agent and title if implicable. (NOTE: Recisioned Approximation required when reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PDS TITLE Derete THE Cnange Addition GARDNER, JOHN W NAME NAME 000000841136 03/10/08-80005-001 150.00 STREET ADDRESS 4001 NW 94 TERR STREET ADDRESS CORAL SPRINGS FL 33065 CITY ST-ZIP CITY-ST ZIP TITLE ☐ Daiete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY - ST - ZIP THEE De ete HITLE ☐ Change Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Deiete TITLE ☐ Addition TITLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deiete □ Change Addition THE TITLE NAME NAME SERFET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIF TITLE Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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: John W Gauchen Profita T John W Gardner 2-25-8 9549777736