2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # 550051** 04-29-2004 90218 036 ***150 00 1. Entity Name RAPIDS WATER PARK, INC. 94010000 Principal Place of Business Mailing Address 6566 N. MILITARY TRAIL 6566 N. MILITARY TRAIL W. PALM BCH, FL 33407 W. PALM BCH, FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-1776898 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUMBRA, THOMAS G JR Street Address (P.O. Box Number is Not Acceptable) 6566 N MILITARY TRAIL W PALM BEACH, FL 33407 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD Delete ☐ Addition TITLE TITLE NAME LUMBRA, THOMAS G NAME 1220 BIMINI LANE STREET ADDRESS STREET ADDRESS RIVIERA BEACH, FL 33404 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MEGRATH, BRYAN NAME NAME 6566 N MILITARY TRAIL STREET ADDRESS STREET ADDRESS W PALM BCH, FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition MCCALLUM, JUDITH NAME NAME 3682 VICTORIA DR — STREET ADDRESS STREET ADDRESS W PALM BCH, FL CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete NAME NAME KATHLEEN LUMBRA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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 charged, or on an attachment with an address, with all other like empowered.

TAOMAS G. LUMBRA, JR. 4/26/04

FILED