


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 581230			
1. Entity Name AQUATIC ECO-SYSTEMS, INC.			
Principal Place of Business 2395 APOPKA BLVD. APOPKA, FL 32703 US		Mailing Address 2395 APOPKA BLVD. APOPKA, FL 32703 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2005 JUL -7 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06272005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
HEIDEMAN, ROBERT CHARLES 6043 LINNEAL BEACH DR. APOPKA, FL 32703				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
------------------------------	---

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD HOFFINGER, MARTIN 2239 EMBASSY DRIVE W PALM BEACH, FL	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD HOFFINGER, C LORRAINE 2239 EMBASSY DRIVE W PALM BEACH, FL	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P HEIDEMAN, ROBERT 6043 LINNEAL BEACH DR. APOPKA, FL	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T MCNEAL, ROSE 2721 JUNIOR AVE APOPKA, FL 32712	<input type="checkbox"/> Delete	TITLE	T CHILDRESS, DOUGLAS 3731 GATLIN WOOD DR ORLANDO, FL 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert C. HEIDEMAN  **6-27-05** (407) 886-3939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/13/05