


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

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
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01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1907012	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEIDEMAN, ROBERT CHARLES
6043 LINNEAL BEACH DR.
APOPKA, FL 32703

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HOFFINGER, MARTIN 2239 EMBASSY DRIVE W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOFFINGER, C LORRAINE 2239 EMBASSY DRIVE W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEIDEMAN, ROBERT 6043 LINNEAL BEACH DR. APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHILDRESS, DOUGLAS 3731 GATLIN WOOD DR ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/02/06-80066-003 158.75

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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.

SIGNATURE: Todd Childress (Todd Douglas Childress) 1/17/06 (407) 886-3939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #