

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 581230

**FILED  
Oct 22, 2007  
Secretary of State****Entity Name:** AQUATIC ECO-SYSTEMS, INC.**Current Principal Place of Business:**2395 APOPKA BLVD.  
APOPKA, FL 32703 US**New Principal Place of Business:****Current Mailing Address:**2395 APOPKA BLVD.  
APOPKA, FL 32703 US**New Mailing Address:****FEI Number:** 59-1907012      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HEIDEMAN, ROBERT CHARLES  
6043 LINNEAL BEACH DR.  
APOPKA, FL 32703 US**Name and Address of New Registered Agent:**CHILDRESS, TODD  
2395 APOPKA BLVD.  
APOPKA, FL 32703 US

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.

SIGNATURE: TODD CHILDRESS

10/22/2007

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**Title: CD      ( ) Delete  
Name: HOFFINGER, MARTIN  
Address: 2239 EMBASSY DRIVE  
City-St-Zip: W PALM BEACH, FLTitle: SD      ( ) Delete  
Name: HOFFINGER, C LORRAINE  
Address: 2239 EMBASSY DRIVE  
City-St-Zip: W PALM BEACH, FLTitle: P      ( ) Delete  
Name: HEIDEMAN, ROBERT  
Address: 6043 LINNEAL BEACH DR.  
City-St-Zip: APOPKA, FLTitle: T      ( ) Delete  
Name: CHILDRESS, DOUGLAS  
Address: 3731 GATLIN WOOD DR  
City-St-Zip: ORLANDO, FL 32812Title: VP      ( ) Delete  
Name: ROGERS, GARY L  
Address: 204 FRINTON COVE  
City-St-Zip: LONGWOOD, FL 32779**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: D      (X) Change ( ) Addition  
Name: HEIDEMAN, ROBERT  
Address: 6043 LINNEAL BEACH DR.  
City-St-Zip: APOPKA, FLTitle: PTD      (X) Change ( ) Addition  
Name: CHILDRESS, TODD  
Address: 3731 GATLIN WOODS DR  
City-St-Zip: ORLANDO, FL 32812Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD CHILDRESS

PTD

10/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date