

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 581230

FILED
Mar 29, 2010
Secretary of State

Entity Name: AQUATIC HABITATS, 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:

CHILDRESS, TODD
2395 APOPKA BLVD.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: BLOOM, STEVEN
Address: 51 BELMONT DRIVE NORTH
City-St-Zip: ROSLYN HEIGHTS, NY 11577

Title: SD
Name: HOFFINGER, C LORRAINE
Address: 2239 EMBASSY DRIVE
City-St-Zip: W PALM BEACH, FL 33401

Title: PD
Name: CHILDRESS, TODD
Address: 2395 APOPKA BLVD.
City-St-Zip: APOPKA, FL 32703

Title: VP
Name: ROGERS, GARY
Address: 2395 APOPKA BLVD.
City-St-Zip: APOPKA, FL 32703

Title: T
Name: ROYAL, PATRICIA A
Address: 2395 APOPKA BLVD.
City-St-Zip: APOPKA, FL 32703

Title: D
Name: CAPLIN, PETER
Address: 6387 N.W. 26TH TERRACE
City-St-Zip: BOCA RATON, FL 33496

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA A. ROYAL

T

03/29/2010

Electronic Signature of Signing Officer or Director

_____ Date