

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 731983

1. Entity Name

AQUARIAN UNIVERSAL MISSION, INC.



Principal Place of Business

6615 N ATLANTIC AVE

B

CAPE CANAVERAL, FL 32920 US

Mailing Address

6615 N ATLANTIC AVE

B

CAPE CANAVERAL, FL 32920 US



01162006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

23-7404943

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SILVER, JOEL S
1240 S ATLANTIC AVE
COCOA BEACH, FL 32931

DO NOT WRITE
IN THIS SPACE

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SILVER, JOEL S
STREET ADDRESS 1240 S ATLANTIC AVE
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE TD
NAME O'HARE, SEAN P
STREET ADDRESS 1250 S ATLANTIC AVE
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE SD
NAME DAVIDSON, DEBORAH I
STREET ADDRESS 332 HARBOR DR
CITY-ST-ZIP CAPE CANAVERAL, FL 32920

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/25/06-80011-012 61.25

DO NOT WRITE
IN THIS SPACE

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/06

Date

321-784-0930

Daytime Phone #