2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#742026

FILED Mar 08, 2009 Secretary of State

Entity Name: ST. PETERSBURG AQUATICS, INC.

Current Principal Place of Business: New Principal Place of Business: 901 N. SHORE DR. NE SAINT PETERSBURG, FL 33701 **Current Mailing Address: New Mailing Address:** PO BOX 510 ST PETERSBURG, FL 337310510 FEI Number: 59-9824138 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FLANAGAN, LISA 6070 DENVÉR STREET NE US SAINT PETERSBURG, FL 33703 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FLANAGAN, LISA Name: Name: 6070 DENVER STREET NE Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33703 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BARDIN, PETER Name: Address: 1300 86TH AVE NORTH Address: City-St-Zip: SAINT PETERSBURG, FL 33702 City-St-Zip: Title: () Delete Title: (X) Change () Addition CHAMBERS, STEPHANIE CHAMBERS, STEPHANIE Name: Name: 356 BELLE AIR DRIVE Address: 356 BELLE AIR DRIVE Address: City-St-Zip: SAINT PETERSBURG, FL 33704 City-St-Zip: SAINT PETERSBURG, FL 33704 Title: () Delete Title: (X) Change () Addition Name: ROMANO, RHONDA Name: BROWN, KIM 1501 NORTH DAKOTA AVE NE Address: 5313-18TH STREET NE Address: City-St-Zip: SAINT PETERSBURG, FL 33703 City-St-Zip: SAINT PETERSBURG, FL 33703 Title: () Delete Title: () Change (X) Addition GRANT, KRISTINE Name: Name: 1128 42ND AVE NE Address: Address: City-St-Zip: City-St-Zip: SAINT PETERSBURG, FL 33703 Title: () Delete Title: () Change (X) Addition JONES, ANGELA Name: Name: Address: Address: 6429 5TH AVE N SAINT PETERSBURG, FL 33710 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER BARDIN T 03/08/2009