

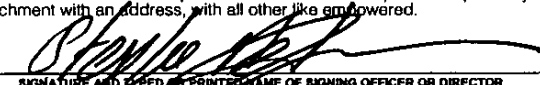


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90106 024 \*\*\*150.00

<b>DOCUMENT # 846251</b> 1. Entity Name <b>AQUARIUS WATERAGE ENTERPRISES, LIMITED (INCORPORATED)</b>					
Principal Place of Business <b>100 W. ROCKLAND RD. STE I P.O. BOX 263 ROCKLAND, DE 19732</b>			Mailing Address = <b>P.O. BOX 263 ROCKLAND, DE 19732</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc. _____  City & State _____  Zip _____ Country _____		3. Mailing Address  Suite, Apt. #, etc. _____  City & State _____  Zip _____ Country _____			
					
04182008 - - Chg-P - - - CR2E034 (12/06) - - -					
4. FEI Number <b>51-0252289</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DULANY, JOHN H. 2260 S.E. 17TH STREET FORT LAUDERDALE, FL 33316</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDMONDS, ANDREW W. 510 RIVER DRIVE VERO BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARTIN, KENNETH C 100 W. ROCKLAND RD. STE I BOX 263 ROCKLAND, DE 19732	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <b>4/24/08</b> (302) 658-7796 Daytime Phone #					