

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001486

Entity Name: AGUA MARINE DREAM CO.

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

607 DAVIS STREET  
SEBASTIAN, FL 32958 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 781558  
SEBASTIAN, FL 329581558 US

## New Mailing Address:

FEI Number: 56-1015163

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LULICH, STEVEN  
1069 MAIN ST  
SEBASTIAN, FL 32958 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: CHRM ( ) Delete  
Name: STATENBURG, SIGLINDE  
Address: P.O. BOX 781558  
City-St-Zip: SEBASTIAN, FL 32978

Title: PT ( ) Delete  
Name: STOUTENBURG, SIGLINDE  
Address: P.O. BOX 781558  
City-St-Zip: SEBASTIAN, FL 32978

Title: SD ( ) Delete  
Name: STEWART, JESSICA  
Address: 607 DAVIS STREET  
City-St-Zip: SEBASTIAN, FL 32958

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHRM (X) Change ( ) Addition  
Name: STOUTENBURG, SIGLINDE  
Address: P.O. BOX 781558  
City-St-Zip: SEBASTIAN, FL 32978

Title: PT (X) Change ( ) Addition  
Name: STOUTENBURG, SIGLINDE  
Address: P.O. BOX 781558  
City-St-Zip: SEBASTIAN, FL 32978

Title: ( ) 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: SIGLINDE STOUTENBURG

PT

04/21/2009

Electronic Signature of Signing Officer or Director

Date