
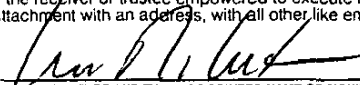


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90235 002 ***150.00

DOCUMENT # F93000004091 1. Entity Name AQUARIA, INC.					
Principal Place of Business 6100 CONDOR DRIVE MOORPARK, CA 93021			Mailing Address 6100 CONDOR DRIVE MOORPARK, CA 93021		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 95-2556867	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CFO	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MC GREEVY, JOHN		NAME	Robert L. Caulk	
STREET ADDRESS	2475 RUDOLPH STREET		STREET ADDRESS	2150 Scheutz Road	
CITY-ST-ZIP	SIMI VALLEY, CA 93065		CITY-ST-ZIP	St. Louis, MO 63146	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	V/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERMAN, ROBERT		NAME	Randall J. Steward	
STREET ADDRESS	740 COUNTRY VALLEY RD		STREET ADDRESS	6 Concourse Parkway, Suite 3300	
CITY-ST-ZIP	WESTLAKE VILLAGE, CA 91362		CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSSING, JOSEPH		NAME	Louis N. Laderman	
STREET ADDRESS	285 FAWN VALLEY COURT		STREET ADDRESS	2150 Scheutz Road	
CITY-ST-ZIP	SIMI VALLEY, CA 93065		CITY-ST-ZIP	St. Louis, MO 63146	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, MICHAEL A		NAME		
STREET ADDRESS	125 HIGH STREET, STE 2500		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 02110		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLANE, ANDREW P		NAME		
STREET ADDRESS	125 HIGH ST, STE 2500		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 02110		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Date 4/18/05 Daytime Phone # 314-253-5913		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LOUIS N. LADERMAN					