

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F95000002227

1. Entity Name  
RIPLEY'S AQUARIUM (MYRTLE BEACH) INC.



Principal Place of Business  
1600 - 1055 W. HASTINGS ST  
VANCOUVER BRITISH COLUMBIA CANADA  
V6E 2H2,

Mailing Address  
1600 - 1055 W. HASTINGS ST  
VANCOUVER BRITISH COLUMBIA CANADA  
V6E 2H2,



03072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
57-1026842

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BERGEN, ROD
STREET ADDRESS	24675 - 16TH AVENUE
CITY-ST-ZIP	LANGLEY, BC v2z 1j4
TITLE	S
NAME	DASMAVAIS, NICK
STREET ADDRESS	4670 RAMSAY RD
CITY-ST-ZIP	NORTH VANCOUVER, BC, CN v7k 2n5
TITLE	DV
NAME	LOBLAW, DARRAN
STREET ADDRESS	7576 KINGSPONTE PKWY STE 188
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	DP
NAME	MASTERTSON, ROBERT E
STREET ADDRESS	7576 KINGSPONTE PKWY STE 188
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	VT
NAME	DESKA, NORMAN F
STREET ADDRESS	5157 TIMBERVIEW TERR.
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	V
NAME	PATTISON, JIM JR
STREET ADDRESS	7576 KINGSPONTE PKWY STE 188
CITY-ST-ZIP	ORLANDO, FL 32819

U000000317741

04/20/05-80028-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr 15-05 604.488.5210