

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90099 027 ***150.00

DOCUMENT # F95000002227

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



Principal Place of Business
**1800 - 1067 WEST CORDOVA STREET
VANCOUVER, BC V6C1C-F XX**

Mailing Address
**1800 - 1067 WEST CORDOVA STREET
VANCOUVER, BC V6C1C-F XX**

DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGEN, ROD 11348 - 162ND STREET SURREY, BC V4N4P5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DASMAVAIS, NICK Desmarais, Nick 4670 RAMSAY ROAD NORTH VANCOUVER, BC, CN V6C1C7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LOBLAW, DARRAN 7576 KINGSPONTE PKWY STE 188 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MASTERSON, ROBERT E 7576 KINGSPONTE PKWY STE 188 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DESKA, NORMAN F 5157 TIMBERVIEW TERR. ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATTISON, JIM JR 7576 KINGSPONTE PKWY STE 188 ORLANDO, FL 32819

**DO NOT WRITE
IN THIS SPACE**

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:

Nick Desmarais

Jan 24 107

(604) 688-6764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #