

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H38846

FILED
Jan 23, 2009
Secretary of State

Entity Name: AQUACULTURE RESEARCH/ENVIRONMENTAL ASSOCIATES, INC.

Current Principal Place of Business:

P.O. BOX 1303
HOMESTEAD, FL 33090

New Principal Place of Business:

1088 WEST MOWRY DR
HOMESTEAD, FL 33030

Current Mailing Address:

P.O. BOX 1303
HOMESTEAD, FL 33090

New Mailing Address:

1088 WEST MOWRY DR.
HOMESTEAD, FL 33030

FEI Number: 59-2484619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOWMAN, DAVID S.
ONE E. BROWARD BLVD
1200
FT. LAUDERDALE, FL 33301 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: P () Delete
Name: MULVIHILL, ADRIENNE, W.
Address: 19345 SW 310TH STREET
City-St-Zip: HOMESTEAD, FL

Title: VP () Delete
Name: MULVIHILL, JASON E
Address: 12546 SW 124 TERR
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: LEE, HEATHER M
Address: 3712 FALLS CREST CIRCLE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LEE, HEATHER M
Address: 850 PRINCETON DR
City-St-Zip: CLERMONT, FL 34711

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: ADRIENNE MULVIHILL

PRES

01/23/2009

Electronic Signature of Signing Officer or Director

Date