

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H59903

Entity Name: AQUA SUN SUPPLY, INC.

FILED
Jan 19, 2006
Secretary of State

Current Principal Place of Business:

6726 RIDGE ROAD
PORT RICHEY, FL 346686840

New Principal Place of Business:

Current Mailing Address:

6726 RIDGE ROAD
PORT RICHEY, FL 346686840

New Mailing Address:

FEI Number: 59-2558784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULZE, WILLIAM
6726 RIDGE ROAD
PORT RICHEY, FL 346686840 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: DP () Delete
Name: SCHULZE, WILLIAM
Address: 3898 CRESCENT COVE PL
City-St-Zip: TARPON SPRINGS, FL

Title: DTS () Delete
Name: SCHULZE, PAMELA
Address: 3898 CRESCENT COVE PL
City-St-Zip: TARPON SPRINGS, FL

Title: DVP () Delete
Name: SCHULZE CHRISTOPHER,
Address: 8044 CHADWICK CIRCLE
City-St-Zip: NEW PORT RICHEY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SCHULZE, WILLIAM
Address: 3898 CRESCENT COVE PL
City-St-Zip: TARPON SPRINGS, FL 34688

Title: DTS (X) Change () Addition
Name: SCHULZE, PAMELA
Address: 3898 CRESCENT COVE PL
City-St-Zip: TARPON SPRINGS, FL 34688

Title: DVP (X) Change () Addition
Name: SCHULZE CHRISTOPHER,
Address: 8044 CHADWICK CIRCLE
City-St-Zip: NEW PORT RICHEY, FL 34688

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM SCHULZE

MR

01/19/2006

Electronic Signature of Signing Officer or Director

Date