2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # J51292

1. Entity Name

AQUA INVESTMENT COMPANY OF PALM COAST



FILED Mar 26, 2007 08:00 AM **Secretary of State**

Principal Place of Business

13 UTILITY DRIVE PALM COAST, FL 32137 Mailing Address

13 UTILITY DRIVE PALM COAST, FL 32137



DO NOT WRITE IN THIS SPACE

01292007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2857411

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMARAL, ANTONIO 13 UTILITY DRIVE PALM COAST, FL 32137

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 in	if applicable, (NOTE: Registered	Agent algnature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	03/30/07-80100-003 150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMARAL, ANTONIO 9 COTTONWOOD CT PALM COAST, FL 32137				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	VT AMARAL, MARIA 9 COTTONWOOD CT PALM COAST, FL 32137		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMARAL, DAVID 9 COTTONWOOD CT PALM COAST, FL 32137				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-7IP					

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:

AREA AMARAL