2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 15, 2005 08:00 AM Secretary of State DOCUMENT # K35705 1. Entity Name AQUATICA TROPICALS, INC. Principal Place of Business Mailing Address 218 SOUTH WEBB RD. 218 SOUTH WEBB RD. PLANT CITY, FL 33566 US PLANT CITY, FL 33566 US No Cha-P CR2E034 (10/03) 04082005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2913030 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE TANNER, JAY M 218 SOUTH WEBB RD. PLANT CITY, FL 33566 IN THIS SPACE 3. 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 this it applicable. DATE (NOTE: Registered Agent signature required when rehatating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, PTD TITLE TANNER, JAY M. NAME 218 SOUTH WEBB RD. STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL VSD TITLE nunadasērēš (T NAME TANNER, SUE EVELYN 04/15/05-80092-002 15U.UU STREET ADDRESS 216 SOUTH WEBB RD. PLANT CITY, FL CITY-ST-ZIP TITLE SEAREST, VERGEL E NAME STREET ADDRESS 9917 BAY DR DO NOT WRITE GIBSONTON, FL 33534 CITY-ST-ZIP IN THIS SPACE TITLE SAENZ, KAREN NAME 516 WILLOW RUN KNOLL STREET ADDRESS LAKELAND, FL 33813 CITY-ST-7IP TITLE SAENZ, BRETT NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true-end 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:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS COY-ST-7IP

NAME

516 WILLOW RUN KNOLL

6926 O'DONNER LOOP W

LAKELAND, FL 33813

LAKELAND, FL 33809

UMLAWF, MARK

JAY M. TAHUEX SIGNATURE AND TYPED OR PRINTED NAME OF BIOMING OFFICER OR DIRECTOR