


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K88197</b> 1. Entity Name AQUARIAN SOFTWARE, INC.	
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Principal Place of Business 1415 BRIERCLIFF DR. ORLANDO, FL 32806-1407 US	Mailing Address 1415 BRIERCLIFF DR. ORLANDO, FL 32806-1407 US
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**DO NOT WRITE IN THIS SPACE**



06202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2957632	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  GHIOTO, RODNEY 1415 BRIERCLIFF DR ORLANDO, FL 32806-1407	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>U00000369704 06/22/05-80001-007 550.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GHIOTO, RODNEY 1415 BRIERCLIFF DR. ORLANDO, FL 328061407	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 <i>Lynne M. Ghioto</i> (LYNNE M. GHIOTO, V.P.)	Date 6/20/05	Daytime Phone # 407-228-0298
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		