

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K88197**

1. Entity Name  
AQUARIAN SOFTWARE, INC.



Principal Place of Business  
1415 BRIERCLIFF DR.  
ORLANDO, FL 32806-1407 US

Mailing Address  
1415 BRIERCLIFF DR.  
ORLANDO, FL 32806-1407 US



02062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2957632

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

GHIOTO, RODNEY  
1415 BRIERCLIFF DR  
ORLANDO, FL 32806-1407

**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 D/O if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution, ☐

**\$5.00** May Be  
Added to Fees

000000426470  
02/20/06-80044-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	GHIOTO, RODNEY
STREET ADDRESS	1415 BRIERCLIFF DR.
CITY-ST-ZIP	ORLANDO, FL 328061407
TITLE	V
NAME	GHIOTO, LYNNE
STREET ADDRESS	1415 BRIERCLIFF DR.
CITY-ST-ZIP	ORLANDO, FL 328061407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Lynne M. Ghioto **LYNNE M. GHIOTO**  
VICE-PRESIDENT

2/6/06 407-228-0298  
Date Daytime Phone #