2008 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # K88197** 1. Entity Name AQUÁRIAN SOFTWARE, INC. Principal Place of Business Mailing Address 1415 BRIERCLIFF DR. 1415 BRIERCLIFF DR.

CITY-ST-ZIP

FILED Feb 06, 2008 08:00 AM Secretary of State

ORLANDO, F	L 32806-1407 US	ORLANDO, FL 32806-1407 U	S			Bioni álaba bión álabi baba dionala na hali	
DO NOT WRITE IN THIS SPACE				02022008 4. FEI Numbe 59-295	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$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 title if applicable (NOTE. Registered Agent signature required when reinstating) DATE							
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 8. Election Campaign Finan Trust Fund Contribution.			icing \$	55.00 May Be added to Fees			
10.	OFFICERS AND DIRE	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GHIOTO, RODNEY 1415 BRIERCLIFF DR. ORLANDO, FL 328061407				U000008 02/15/08-8	317783 30017-014 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GHIOTO, LYNNE 1415 BRIERCLIFF DR. ORLANDO, FL 328061407						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling 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: