


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000022176</b> 1. Entity Name <b>AQUAPULSE INTERNATIONAL, L.L.C.</b>	
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Principal Place of Business <b>450 NORTH STATE ROAD 7 PLANTATION FL 33317</b>	Mailing Address <b>450 NORTH STATE ROAD 7 PLANTATION FL 33317</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State	City & State	4. FEI Number <b>65-1159430</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CONREY, RICHARD W SR. 450 NORTH STATE ROAD 7 PLANTATION FL 33317</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE	<b>MGR</b> <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONREY, RICHARD W SR.</b>	NAME
STREET ADDRESS	<b>11050 SW 42ND PLACE</b>	STREET ADDRESS
CITY - ST - ZIP	<b>DAVIE FL 33328</b>	CITY - ST - ZIP
TITLE	<b>MGR</b> <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONREY, SHAWN C</b>	NAME
STREET ADDRESS	<b>4250 SW 109 AVE</b>	STREET ADDRESS
CITY - ST - ZIP	<b>DAVIE FL 33328</b>	CITY - ST - ZIP
TITLE	<b>MGR</b> <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOFGREN, PER G</b>	NAME
STREET ADDRESS	<b>5882 NE 17TH RD</b>	STREET ADDRESS
CITY - ST - ZIP	<b>FT LAUDERDALE FL 33334</b>	CITY - ST - ZIP
TITLE	<b>MGR</b> <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONREY, RICHARD W JR</b>	NAME
STREET ADDRESS	<b>4250 SW 109 AVE</b>	STREET ADDRESS
CITY - ST - ZIP	<b>DAVIE FL 33328</b>	CITY - ST - ZIP
TITLE	<b>MGR</b> <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOFGREN, TORBJORN G</b>	NAME
STREET ADDRESS	<b>5295 NE 20TH AVE</b>	STREET ADDRESS
CITY - ST - ZIP	<b>FT LAUDERDALE FL 33308</b>	CITY - ST - ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY - ST - ZIP		CITY - ST - ZIP

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03/16/07-80016-009 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Richard W. Conrey Sr.* **3/2/07** **954-682-6818**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #