


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90077 032 \*\*\*150.00

|  |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
|--|-------------------------|---|---|--|---------------------------------|------|------------------------|--|----------------|---------------------|--|---------------|--|--|---|--|--|-------|--|---|------|--|--|----------------|--|--|---------------|--|--|
| <b>DOCUMENT # L71967</b><br>1. Entity Name<br><b>DISCOVERY TANK TESTING, INC.</b>  |                         |   |   |   |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| Principal Place of Business<br><b>1209 GATEWAY RD., SUITE 203<br/>LAKE PARK, FL 33403 US</b>   |                         |   | Mailing Address<br><b>PO BOX 14207<br/>N PALM BEACH, FL 33408 US</b>  |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |                         | 3. Mailing Address<br>Suite, Apt. #, etc.                         |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| City & State<br>Zip      Country   |                         | City & State<br>Zip      Country                                  |   | 4. FEI Number<br><b>65-0198831</b>   |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| City & State<br>Zip      Country   |                         | City & State<br>Zip      Country                                  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>JERRY PELLEGRINO<br/>1209 GATEWAY RD., SUITE 203<br/>WEST PALM BEACH, FL 33403</b>   |                         |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____  |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |                         |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D<br/>PELLEGRINO, GERALD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1209 GATEWAY RD., #203</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>LAKE PARK, FL 33403</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>   |                         |   | TITLE   | D<br>PELLEGRINO, GERALD  | <input type="checkbox"/> Delete | NAME | 1209 GATEWAY RD., #203 |  | STREET ADDRESS | LAKE PARK, FL 33403 |  | CITY- ST- ZIP |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  |
| TITLE  | D<br>PELLEGRINO, GERALD | <input type="checkbox"/> Delete                                   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| NAME   | 1209 GATEWAY RD., #203  |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS   | LAKE PARK, FL 33403     |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| CITY- ST- ZIP  |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| TITLE  |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| NAME   |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS   |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| CITY- ST- ZIP  |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>  |                         |   | TITLE   |  | <input type="checkbox"/> Delete | NAME |                        |  | STREET ADDRESS |                     |  | CITY- ST- ZIP |  |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>  |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  |
| TITLE  |                         | <input type="checkbox"/> Delete                                   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| NAME   |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS   |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| CITY- ST- ZIP  |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| TITLE  |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| NAME   |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS   |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| CITY- ST- ZIP  |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>  |                         |   | TITLE   |  | <input type="checkbox"/> Delete | NAME |                        |  | STREET ADDRESS |                     |  | CITY- ST- ZIP |  |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>  |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  |
| TITLE  |                         | <input type="checkbox"/> Delete                                   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| NAME   |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS   |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| CITY- ST- ZIP  |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| TITLE  |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| NAME   |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS   |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| CITY- ST- ZIP  |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>  |                         |   | TITLE   |  | <input type="checkbox"/> Delete | NAME |                        |  | STREET ADDRESS |                     |  | CITY- ST- ZIP |  |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>  |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  |
| TITLE  |                         | <input type="checkbox"/> Delete                                   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| NAME   |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS   |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| CITY- ST- ZIP  |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| TITLE  |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| NAME   |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS   |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| CITY- ST- ZIP  |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| 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. |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |
| <b>SIGNATURE:</b> <u><i>S. Pellegrino</i></u> <b>EPellegrino</b> <u>3/8/06</u> <u>561-840-1666</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>   |                         |   |   |  |                                 |      |                        |  |                |                     |  |               |  |  |   |  |  |       |  |   |      |  |  |                |  |  |               |  |  |