

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M98349

FILED
Feb 09, 2011
Secretary of State

Entity Name: CELESTIAL AQUATIC WORLD TROUBLESHOOTERS,INC.

Current Principal Place of Business:

C/O STAPLETON, JOHNSON & MCDOWELL, P.A.
1700-66 ST N # 304
SAINT PETERSBURG, FL 33710

New Principal Place of Business:

C/O STAPLETON, JOHNSON & MCDOWELL, P.A.
915 MEADOWLAWN DRIVE NORTH
SAINT PETERSBURG, FL 33702

Current Mailing Address:

C/O STAPLETON, JOHNSON & MCDOWELL, P.A.
1700-66 ST N # 304
SAINT PETERSBURG, FL 33710

New Mailing Address:

C/O STAPLETON, JOHNSON & MCDOWELL, P.A.
915 MEADOWLAWN DRIVE NORTH
SAINT PETERSBURG, FL 33702

FEI Number: 59-2914777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDOWELL, MICHAEL
1700-66TH ST N, # 304
SAINT PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

MCDOWELL, MICHAEL
915 MEADOWLAWN DRIVE NORTH
SAINT PETERSBURG, FL 33702 US

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.

SIGNATURE: MICHAEL MCDOWELL

02/09/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: WILSON, CAREY ALLEN
Address: 1012 NO MAIN ST APT C
City-St-Zip: NORTH CANTON, OH 44720

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAREY ALLEN WILSON

PRES

02/09/2011

Electronic Signature of Signing Officer or Director

Date