2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000000539

Entity Name: KREWE OF AQUATICA, INC.

FILED Apr 18, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11742 CHANTICLEER DR 7106 LINDSKOG ST PENSACOLA, FL 32507 PENSACOLA, FL 32506

Current Mailing Address: New Mailing Address:

11742 CHANTICLEER DR 7106 LINDSKOG ST PENSACOLA, FL 32507 PENSACOLA, FL 32506

FEI Number: 59-3623348 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPARBY, SHARI

11742 CHANTICLEER DR

PENSACOLA, FL 32507 US

NALL, KAREN

7106 LINDSKOG ST

PENSACOLA, FL 32506 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: KAREN NALL 04/18/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: MANZI, SKIP Name: VRANA, STEVE

Address: 957 SPANISH MOSS DRIVE Address: 8227 EMPEROR RD
City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: PENSACOLA, FL 32514

Address: 11742 CHANICLEER DR Address: 7106 LINDSKOG ST
City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: PENSACOLA, FL 32506

 $\label{eq:title: VD () Delete Title: VD (X) Change () Addition} \end{minipage}$

 Name:
 MCCAFFREY, KATHY
 Name:
 MATHIS, DON

 Address:
 6028 CHANDELLE CIRCLE
 Address:
 3625 SERATINE COURT

City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: PENSACOLA, FL 32507

Title: TD () Delete Title: () Change () Addition Name: HASKINS. KATHY Name:

 Name:
 HASKINS, KATHY
 Name:

 Address:
 10076 NELLE AVE
 Address:

 City-St-Zip:
 PENSACOLA, FL 32507
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN NALL SD 04/18/2006