2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000006765

Entity Name: THE AQUARIAN QUEST INC.

FILED Jun 16, 2005 Secretary of State

y	THE MOONING GOEST, INC.			
Current P	rincipal Place of Business:	New Princ	New Principal Place of Business:	
P.O. BOX: SARASOT	550 A, FL 34230			
Current Mailing Address:		New Mailii	New Mailing Address:	
P.O. BOX : SARASOT	550 A, FL 34230			
In accordan	: 65-1046843 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation did not r	-	э.	
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
KIRCHNEI P.O. BOX : SARASOT				
	named entity submits this statement for the pure of Florida.	pose of changing it	s registered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Agent	t	Date	
OFFICERS	S AND DIRECTORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete LAWRENCE, GREGORY P.O. BOX 1881 PALMETTO, FL 34220	Title: Name: Address: City-St-Zip:	D (X) Change () Addition SUCKOW, RICH 3360 SPIREA STREET SARASOTA, FL 34231	
Title: Name: Address: City-St-Zip:	D () Delete JACOBSON, JOE 2721 WILKINSON RD. SARASOTA, FL 34231	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	D () Delete KIRCHNER, JAN 2711 PURSELL CIRCLE SARASOTA, FL 34232	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete KILLIAN, BOB 2352 WOOD ST. SARASOTA, FL 34237	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete HANLON, JULIE 540 45TH ST. SARASOTA, FL 34234	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HANLON-SEYFFERT, JULIE 540 45TH ST. SARASOTA, FL 34234	
Title: Name: Address: City-St-Zip:	D () Delete SEYFFERT, PETER 540 45TH ST SARASOTA, FL 34234	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAN KIRCHNER MR. 06/16/2005