2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004245

Entity Name: PALM BEACH COUNTY AQUARIUM CORPORATION

FILED Sep 14, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11301 U.S. HIGHWAY ONE NORTH PALM BEACH, FL 33408 **Current Mailing Address: New Mailing Address:** 11301 U.S. HIGHWAY ONE NORTH PALM BEACH, FL 33408 FEI Number: 56-2360323 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: ANGELL CORPORATE SERVICES, INC. ONE NORTH CLEMATIS STREET SUITE 400 WEST PALM BEACH, FL 33401 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition BRACCI, MICHAEL J PRES Name: Name: Address: Address: 11301 US HWY #1 NORTH PALM BEACH, FL 33458 US City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete Name: Name: LOVEJOY, SUSAN SEC/TRE Address: Address: 11265 OLD HARBOUR RD City-St-Zip: City-St-Zip: NORTH PALM BEACH, FL 33408 US Title: () Delete Title: () Change (X) Addition SCARPA, FRANK OFFICER Name: Name: 199 COMMODORE DR Address: Address: City-St-Zip: City-St-Zip: JUPITER., FL 33477 US Title: () Delete Title: MR. () Change (X) Addition WILKINS, WILLAM E OFFICER Name: Name: 600 WEST BLUE HERON BLVD. Address: Address: City-St-Zip: City-St-Zip: RIVIERA BEACH,, FL 33404 US Title: () Delete Title: () Change (X) Addition CRAWFORD, BRUCE OFFICER Name: Name: 11467 RIVERWOOD PLACE 12 OAKS Address: Address: City-St-Zip: City-St-Zip: NORTH PALM BEACH, FL 33408 US Title: () Delete Title: () Change (X) Addition PERRY, J. HELENA OFFICER Name: Name: Address: Address: 209 GRAND POINTE DR. PALM BEACH GARDENS, FL 33418 US City-St-Zip: City-St-Zip:

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: MICHAEL J. BRACCI PRES 09/14/2004