2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000685

Entity Name: LAKE AQUATICS, INC

FILED Feb 10, 2005 Secretary of State

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

1465 DAVID WALKER DR

TAVARES, FL 32778 US

109 EAST DIXIE AVENUE
LEESBURG, FL 34748 US

Current Mailing Address: New Mailing Address:

34745 LAPLACE CT PO BOX 1891

EUSTIS, FL 32736 US MOUNT DORA, FL 32756 US

FEI Number: 01-3735590 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:

PETERS, CAROL M
34745 LAPLACE CT
EUSTIS, FL 32736 US

FREE, VICKI L
2980 WESTLAND ROAD
MOUNT DORA, FL 32757 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: VICKI LYNN FREE 02/10/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: PETERS, CAROL M Name: FREE, VICKI L

 Address:
 34745 LAPLACE CT
 Address:
 2980 WESTLAND ROAD

 City-St-Zip:
 EUSTIS, FL 32736 US
 City-St-Zip:
 MOUNT DORA, FL 32757 US

Title: D () Delete Title: D (X) Change () Addition Name: WELLS, BILL Name: BALLARD, LORI G

 Address:
 30311 HARRIS DR
 Address:
 17350 EAST ROAD

 City-St-Zip:
 LEESBURG, FL 34748 US
 City-St-Zip: UMATILLA, FL 32784 US

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 WHITE, KIM
 Name:
 DODIER, CONNIE D

 Address:
 4351 MEADOWLAND DR
 Address:
 35437 HAINES CREEK ROAD

 City-St-Zip:
 MT. DORA, FL 32757 US
 City-St-Zip:
 LEESBURG, FL 34788 US

Title: D () Delete Title: () Change () Addition

 Name:
 HEROLD, DEBBIE
 Name:

 Address:
 27106 ROBERTSON RD
 Address:

 City-St-Zip:
 YALAHA, FL 34797 US
 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: VICKI LYNN FREE P 02/10/2005