


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90056 026 ****70.00

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| DOCUMENT # N25639 |  |
| 1. Entity Name THE AQUARIAN METAPHYSICAL CENTER INC. | |

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| Principal Place of Business 12800 COUNTY RD 49 LIVE OAK, FL 32060 US | Mailing Address 12800 COUNTY RD 49 LIVE OAK, FL 32060 US |
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03282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2948173 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent KENNEDY, LYNDALL W REV. 12800 COUNTY ROAD 49 LIVE OAK, FL 32060 | DO NOT WRITE IN THIS SPACE |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD THROWER, KARIN 12800 COUNTY ROAD 49 LIVE OAK, FL 32060 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KENNEDY, LYNDALL W 12800 COUNTY RD 49 LIVE OAK, FL 32060 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD CHARLES E. THROWER 515 MAHAGONY DR SEFFNER FL, FL 33584 <i>Seffner</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>[Signature]</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lyndall Kennedy* **LYNDALL KENNEDY** *3/28/05* **386-364-5288**
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR Date Daytime Phone #