

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 28, 2005
Secretary of State**

DOCUMENT# N94000000095

Entity Name: AQUATIC EXERCISE ASSOCIATION, INC.

Current Principal Place of Business:

3439 TECHNOLOGY DR
#6
NORTH VENICE, FL 34275

New Principal Place of Business:

201 S. TAMIAMI TRAIL
#3
NOKOMIS, FL 34275

Current Mailing Address:

3439 TECHNOLOGY DR
#6
NORTH VENICE, FL 34275

New Mailing Address:

201 S. TAMIAMI TRAIL
#3
NOKOMIS, FL 34275

FEI Number: 65-0454105 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LIKENS, CHRISTOPERH A
1800 2ND ST STE 808
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: SEE, JULIE
Address: 410 PALMETTO CT #9
City-St-Zip: VENICE, FL 34285

Title: DVST () Delete
Name: PROCTOR, ANGIE
Address: 950 PINTO CIR.
City-St-Zip: NOKOMIS, FL

Title: D (X) Delete
Name: NELSON, DANIEL
Address: 817 FOREST ST.
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: KONNO, JUN
Address: AQUA DUNAMICS INSTITUTE
City-St-Zip: YOKAHAMA, JAPAN, T46-14

Title: D () Delete
Name: PROCTOR, GORDON
Address: 609 MARCUS ST. #53
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ANGIE PROCTOR

DVS

03/28/2005

Electronic Signature of Signing Officer or Director

Date