2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N97000001591

Entity Name: AQUATIC ANIMAL LIFE SUPPORT OPERATORS, INC.

Current Principal Place of Business:

7007 SEA WORLD DRIVE
ORLANDO, FL 32821 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 690067
ORLANDO, FL 32869 US

New Mailing Address:

FEI Number: 59-3506990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASE, GREGORY
7007 SEA WORLD DRIVE
ORLANDO, FL 32821 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:	PRES	( ) Delete
Name:	TENHAGEN, GEORGE E MR	
Address:	7902 RIVER RIDGE DRIVE	
City-St-Zip:	TEMPLE TERRACE, FL 33637 US	
Title:	VP	( ) Delete
Name:	DAVIS, DICK	
Address:	2016 N AVE	
City-St-Zip:	ORLANDO, FL 32830 US	
Title:	SEC	( ) Delete
Name:	ANDERSON, ROBERT	
Address:	PIER 59, 1483 ALASKAN WAY	
City-St-Zip:	SEATTLE, WA 98101 US	
Title:	TREA	( ) Delete
Name:	JOHNSON, HENRY	
Address:	7007 SEA WORLD DRIVE	
City-St-Zip:	ORLANDO, FL 32821 US	
Title:	BRD	( ) Delete
Name:	SEMMEN, KENT	
Address:	2016 N AVE	
City-St-Zip:	ORLANDO, FL 32830	
Title:	BRD	( ) Delete
Name:	CASE, GREG	
Address:	7007 SEA WORLD DRIVE	
City-St-Zip:	ORLANDO, FL 32821 US	

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GEORGE TENHAGEN PRES 04/16/2009

Electronic Signature of Signing Officer or Director — Date