

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000030739

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: CUSTOM AQUATIC CREATIONS, INC.

## Current Principal Place of Business:

229 E HORNBEAM DR  
LONGWOOD, FL 32779

## New Principal Place of Business:

910 RIVERBEND BLVD.  
LONGWOOD, FL 32779

## Current Mailing Address:

PO BOX 916323  
LONGWOOD, FL 327916323

## New Mailing Address:

PO BOX 916323  
LONGWOOD, FL 327916323 US

FEI Number: 59-3635649

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOWE, STEVEN K  
229 E HORNBEAM DR  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

HOWE, STEVEN K  
910 RIVERBEND BLVD.  
LONGWOOD, FL 32779 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:

04/18/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ST ( ) Delete  
Name: HOWE, SHANNON R  
Address: 229 E HORNBEAM DR  
City-St-Zip: LONGWOOD, FL 32979

Title: P ( ) Delete  
Name: HOWE, STEVEN K  
Address: 229 E HORNBEAM  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition  
Name: HOWE, SHANNON R  
Address: 910 RIVERBEND BLVD.  
City-St-Zip: LONGWOOD, FL 32979

Title: P (X) Change ( ) Addition  
Name: HOWE, STEVEN K  
Address: 910 RIVERBEND BLVD.  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON R HOWE

SEC.

04/18/2006

Electronic Signature of Signing Officer or Director

Date