2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000075961

1. Entity Name
BLUE PLANET AQUATICS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1846 HOBE SOUND, FL 33455	P.O. BOX 1846 HOBE SOUND, FL 33455

DO NOT WRITE IN THIS SPACE

03232004   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-1136250	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GANGEMI, PAUL
453 SE MONTEREY RD
STUART, FL 34997

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GANGEMI, PAUL
STREET ADDRESS	453 SE MONTEREY RD
CITY-ST-ZIP	STUART, FL 34997

TITLE	D
NAME	ANDES, WILLIAM E
STREET ADDRESS	7376 SE CRAIG ST
CITY-ST-ZIP	HOBE SOUND, FL 33455

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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03/26/04-80019-017 150.00

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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 607, 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: _Paul Gangemi_   3/23/04   772-220-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #