


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000077266 1. Entity Name "AGE OF AQUARIUS" NEW AGE SCIENCE OF THE SOUL, REVOLUTIONARY ENLIGHTENMENT & CULTURAL REFORM INC	
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Principal Place of Business 259 BENCHOR RD NW PALM BAY, FL 32907	Mailing Address 259 BENCHOR RD NW PALM BAY, FL 32907
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DO NOT WRITE IN THIS SPACE



08052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3751761	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NNAMANI, MARVA 259 BENCHOR RD NW PALM BAY, FL 32907
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SURGEON, MARVA 259 BENCHON RD PALM BAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HEPBUNN, PETER 1827 JUPITER BLVD PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SURGEON, EDWARD W 259 BEACHON RD PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000574062 08/11/06-800001-012 150.00</p> DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>8/5/06</u> Daytime Phone # _____
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