

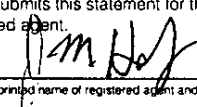
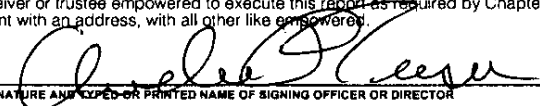


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000089283 1. Entity Name ALL AMERICAN AQUATICS CO.					
Principal Place of Business 18266 90TH ST. NORTH LOXAHATCHEE, FL 33470			Mailing Address P.O. BOX 212678 W.PALM BEACH, FL 33421		
2. Principal Place of Business - No P.O. Box # 3036 Michigan Ave.		3. Mailing Address 3036 Michigan Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Kissimmee, FL		City & State Kissimmee, FL			
Zip 34744	Country USA	Zip 34744	Country USA	4. FEI Number 65-1148352	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DESANE, RICHARD S PRES 18266 90TH ST. NORTH LOXAHATCHEE, FL 33470			7. Name and Address of New Registered Agent Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324		
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> James M. Halpin Assistant Secretary </div> <div style="width: 25%; text-align: right;"> 3/10/2008 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D <input checked="" type="checkbox"/> Delete DESANE, RICHARD PRES 18266 90TH ST. NORTH LOXAHATCHEE, FL 33470		TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP of Operations & GM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joel Fruendt 3036 Michigan Ave., Kissimmee, FL 34744	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	President, Treas., Director <input checked="" type="checkbox"/> <input type="checkbox"/> Delete John L. Clarke, III 3036 Michigan Ave., Kissimmee, FL 34744		TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP of Human Resources <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Julie Reiter 3036 Michigan Ave., Kissimmee, FL 34744	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	Secretary <input type="checkbox"/> Delete Andrew P. Tecson 30 S. Wacker Dr., #2600 Chicago, IL 60606		TITLE NAME STREET ADDRESS CITY-ST- ZIP	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Frances Kanouse 3036 Michigan Ave., Kissimmee, FL 34744	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	Chairman of the Board <input type="checkbox"/> Delete Mary Kemp Clarke 3036 Michigan Ave., Kissimmee, FL 34744		TITLE NAME STREET ADDRESS CITY-ST- ZIP	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition A. Kevin Magro 3036 Michigan Ave., Kissimmee, FL 34744	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP, CFO <input type="checkbox"/> Delete Joseph A. Drago 3036 Michigan Ave., Kissimmee, FL 34744		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<div style="text-align: center;"> 200120810612 03/20/08--01012--009 **150.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP of Regulatory Affairs <input type="checkbox"/> Delete A. Kevin Magro 3036 Michigan Ave., Kissimmee, FL 34744		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>			<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> 3/10/08 <small>Date</small> </div> <div style="width: 20%; text-align: center;"> 312-855-4601 <small>Daytime Phone #</small> </div> </div>		

KS