

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90055 043 \*\*\*150.00

**60008782**



<b>DOCUMENT # P01000102382</b> 1. Entity Name EXOTIC AQUATIC, INC.																																																					
Principal Place of Business 275 E. OAKLAND PARK BLVD OAKLAND PARK, FL 33334 US			Mailing Address 1170 NE 34TH COURT OAKLAND PARK, FL 33334 US																																																		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>275 E Oakland Park Blvd</i> Suite, Apt. #, etc.		01232006 Chg-P CR2E034 (11/05)																																																	
City & State Zip		City & State <i>Oakland Park, FL</i> Zip <i>33334</i>		4. FEI Number 65-1145909																																																	
Country Zip		Country <i>US</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent  RUDOLF & HOFFMAN, P.A. 615 NORTHEAST THIRD AVENUE FORT LAUDERDALE, FL 33304				7. Name and Address of New Registered Agent Name <i>ROBERT L HOMER IV</i> Street Address (P.O. Box Number is Not Acceptable) <i>1707 NE 19th Street</i> <i>Ft Lauderdale FL</i> City <i>FL</i> Zip Code <i>33305</i>																																																	
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 <i>[Signature]</i> DATE <i>1/26/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;">PRES HOMER, ROBERT L IV 1170 NE 34TH COURT OAKLAND PARK, FL 33334</td> <td style="width: 10%; text-align: center;">Delete <input type="checkbox"/></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HOMER, ROBERT L IV 1170 NE 34TH COURT OAKLAND PARK, FL 33334	Delete <input type="checkbox"/>																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;">PRES HOMER, ROBERT L IV 1707 NE 19th Street Ft Lauderdale FL 33305</td> <td style="width: 10%; text-align: center;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HOMER, ROBERT L IV 1707 NE 19th Street Ft Lauderdale FL 33305	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>																					
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>1/26/06</i> Daytime Phone # <i>(954) 540-4925</i>																																																		