

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000120563

1. Entity Name
AQUATIC DREAMS, INC.



Principal Place of Business

**%JOSHUA MORFIS
922 NW 6TH PL
CAPE CORAL, FL 33993**

Mailing Address

**%JOSHUA MORFIS
922 NW 6TH PL
CAPE CORAL, FL 33993**



05182006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0009370	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**POWELL, WILLIAM M
POWELL & STEINBERG, P.A.
3515 DEL PRADO BLVD, STE 101
CAPE CORAL, FL 33904**

**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 \$550.00
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	MORFIS, JOSHUA
STREET ADDRESS	922 NW 6TH PL
CITY-ST-ZIP	CAPE CORAL, FL 33993

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

000000565908
05/23/06-00004-003 550.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-19-06

Date

239-872-3269

Daytime Phone #