## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<u> </u>	AMENDED AND	TOAL ILLI ON	<u> </u>		=					
DOCUMENT # P02000018026  1. Entity Name AQUA KING INTERNATIONAL, INC.										
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Principal Plac 9125 DUNDI LAKE WORTH		Mailing Address 9125 DUNDEE DRIVE LAKE WORTH, FL 33467				ELANASSEE, FLORIDA				
2. Principal Place of Business - No P.O. Box # 10463 SOUTHERN BLUD 10463 SOUTH Suite, Apt. #, etc.				LVD	06142007	Chall	n maini mahi dari	34 (12/06)		
City & Stat		City & State			4. FEI Numb	Chg-P er		, ,	oplied For	
Zip	PALM BCACH FL Country	Zip Country			01-060			88.75 Ad	ot Applicable	
33411	Name and Address of Current 6	33411	U.5.		<u> </u>	of Status Desired		ee Require		
6. Name and Address of Current Registered Agent  Name Tha						7. Name and Address of New Registered Agent				
9125 DUNDEE DRIVE Street Address					(P.O. Box Number is Not Acceptable)					
			City	JUPi-	ter		FL	Zip Cog	45%	
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.									and accept	
SIGNATURE LIVER B. YOUNG CEO 6-14-07										
9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND I		11.			/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE NAME	CEOD COLON, ANA B	DE-Delete	TITLE NAME	Pho Pho	on da ya	ې دورن		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	9125 DUNDEE DRIVE LAKE WORTH, FL 33467		STREET ADDRESS CITY-ST-ZIP	116	VIA SON	TA Cruz	. 40			
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NAME	STRAUB, WILLIAM A S,T,D	7	NAME	104E	DY YOUR	Ja Ja			<b>A</b>	
STREET ADDRESS CITY-ST-ZIP	9125 DUNDEE DRIVE LAKE WORTH, FL 33467		STREET ADDRESS CITY-ST-ZIP	1	via san siter e	ith cruz 2 334	/<*			
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CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP		07/03	001054 3/0701050	<u>    5</u>	***:51****:51****:51**	25	
TITLE NAME		☐ Delete	TITLE NAME	:				☐ Change	☐ Addition	
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CITY-ST-ZIP		·	CITY-ST-ZIP							
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 tike empowered.										
SIGNATURE: Phonta B. Jours Brown Boung 6-14-07 591-791-2212										
	SIGNATURE AND TYPED OR P	PATED NAME OF BIGNING OFFICER OF	R DIRECTOR			Date	Dar	ytme Phone #		

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