2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 18, 2005 8:00 am Secretary of State 04-18-2005 90298 019 ***150.00

DOCUMENT # P02000029704 1. Entity Name AQUATIC EVOLUTIONS, INC.					4006	nkk2	
Principal Place of Business		Mailing Address			1000	0006	
P.O. BOX 5386		P.O. BOX 5386					
LARGO, FL 33779		LARGO, FL 33779		İ	(** 4 4 4 4 4	• •	
}					III ARTIS (IS I) BS III BR III		
2 Principal P	lace of Business	3. Mailing Address					
				1 10 11/11 (THE MERIT WOLF WHILE COME.	1216) B. 1112 (1814 1811) 1886) B. 1811) B	E 3.3 1 11 12 17
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0312200	6 Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Num 45-04	ber 76205		oplied For ot Applicable
Zip	Coûntry	Ζiρ	Country		te of Status Desired	\$8.75 Ad	ditional
	6. Name and Address of Current F	Registered Agent				Fee Require Registered Agent	d
d, resile sile Address of Contest registeres Agent				7. Hanne a	IO AGGINGS OF NEW	registered Agent	
HOCKENBURY, JEREMY M							
10601 101 ST.NORTH LARGO, FL 33773			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
DARGO, FE 33173							
			City			FL Zip Cod	e
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,						· - :	and accept
the obligat	ions of registered agent.	· · · · · · · · · · · · · · · · · · ·	~				do.sop.
SIGNATURE.							
SIGNATORE.	Signature, typed or printed name of registered egent a	nd ute it applicable. (I KOTE A	eçistered vçent sign atur	e required when romstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees			· · · · · · · · · · · · · · · · · · ·
10.	*** **********************************	DIRECTORS	11.	ADDITION	S/CHANGES TO O	FFICERS AND DIRECTOR	S IN 11
TITLE	PD	☐ Delete	TITLE			☐ Change	Addition
NAME	HOCKENBURY, JEREMY M		NAME			•	_
STREET ADDRESS	10601 101ST ST NORTH		STREET ADDRESS				
CITY-ST-ZIP	LARGO, FL 33773		CITY-ST-ZIP	. <u> </u>			
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-S1-ZIP				
HILE		Delete	HILE -	Presiden	- -	☐ Change	Addition
NAME			NAME	Jersey 4	school.		
STREET ADDRESS			STREET ADDRESS	,			
CITY-ST-ZIP			CATY-ST-ZEP				
TITLE		☐ Delete	TITL[Change	Addition
NAME STREET ADDRESS	.≎ ≨		STREET ADDRESS				
CITY-ST-ZIP	months of		CITY-ST-ZIP				
TITLE		☐ Oelete	TILE			☐ Change	Addition
NAME	.		NAME			- ondige	CT Modition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CRY-SI-ZIP				
HILE		☐ Delete	TITLE			. Change	Addition
NAME			NAME		-4-	•	-
STREET ADDRESS			STREET ADDRESS				
(ATY-ST-ZIP			CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trusted 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.