2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000080469

Entity Name: AQUARI MEDIA, INC.

Address:

City-St-Zip:

6436 RAVENGLASS WAY

SARASOTA, FL 34241

FILED Apr 25, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1460 MAIN STREET STE #4 SARASOTA, FL 34236 **New Mailing Address: Current Mailing Address:** P.O. BOX 3049 SARASOTA, FL 342303049 FEI Number: 61-1418440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MANSFIELD, JENNIFER REISS, MARIE 6436 RAVENGLASS WAY 4722 STEVENS DRIVE US SARASOTA, FL 34241 SARASOTA, FL 34241 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. SIGNATURE: JENNIFER MANSFIELD 04/25/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MANSFIELD, JENNIFER Name: Name: 4722 STEVENS DRIVE Address: Address: City-St-Zip: SARASOTA, FL 34234 City-St-Zip: (X) Delete Title: TD Title: () Change () Addition Name: MANSFIELD, DONNA Name: 5145 NORTHRIDGE RD. #202 Address: Address: SARASOTA, FL 34238 City-St-Zip: City-St-Zip: Title: (X) Delete Title: VD () Change () Addition MANSFIELD, NICHOLAS Name: Name: 5145 NORTHRIDGE RD #202 Address: Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: Title: SD (X) Delete Title: () Change () Addition REISS, MARIE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JENNIFER MANSFIELD PD 04/25/2005