

DOCUMENT # P02000091970

1. Entity Name
AQUATIC WORKS, INC.



FILED
Sep 05, 2008 8:00 am
Secretary of State

05-01-2008 90191 017 ***150.00
09-05-2008 90002 041 ***150.00

Principal Place of Business
8573 N.W. 18TH PLACE
CORAL SPRINGS, FL 33071

Mailing Address
8573 N.W. 18TH PLACE
CORAL SPRINGS, FL 33071

2. Principal Place of Business - No P.O. Box #
10194 Royal Palm Blvd.
Suite, Apt. #, etc.

3. Mailing Address
10194 Royal Palm Blvd.
Suite, Apt. #, etc.

09032008 Chg-P CR2E034 (12/06)

City & State
Coral Springs FL.

City & State
Coral Springs FL.

Zip
33075

Country
USA

Zip
33075

Country
USA

4. FEI Number
75-3078225

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MCMAHON, KATHRYNE
8573 N.W. 18TH PLACE
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent
Name *Same*
Street Address (P.O. Box Number is Not Acceptable)
10194 Royal Palm Blvd.
City *Coral Springs, FL.* Zip Code *33075*

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 *Kathryne McMahon*

(NOTE: Registered Agent signature required when generating)

DATE

FILE NOW!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MCMAHON, KATHRYNE	
STREET ADDRESS	8573 N.W. 18TH PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>10194 Royal Palm Blvd.</i>
CITY-ST-ZIP	<i>Coral Springs FL 33075</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 like empowered.

SIGNATURE: *Kathryne McMahon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #