


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

05 AUG 30 PM 4:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

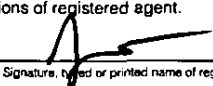
DOCUMENT # P03000035914	
1. Entity Name AQUATIC DESIGNS OF INDIAN RIVER, INC.	

Principal Place of Business 56 6TH AVE VERO BEACH, FL 32962	Mailing Address 56 6TH AVE VERO BEACH, FL 32962
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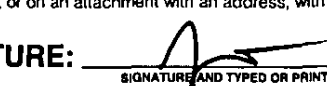
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent CARON, MARK A 56 6TH AVE VERO BEACH, FL 32962
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7. Name and Address of New Registered Agent Name: Joseph E. Kundrot Street Address (P.O. Box Number is Not Acceptable): 56 6th Avenue City: Vero Beach FL Zip Code: 32962
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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)	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CARON, MARC A 56 6TH AVE VERO BEACH, FL 32962 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500059393033 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/07/05--01027--025 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KUNDROT, JOSEPH 56 6TH AVE VERO BEACH, FL 32962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Kundrot, Joseph E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 56 6th Avenue Vero Beach FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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	Joseph Kundrot Pres 8/24/05 Date Daytime Phone #