2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005
Secretary of State

DOCUMENT# P03000041935

Entity Name: AQUA PROS, INC.

Current Principal Place of Business:

9611 SW 45TH AVE
OCALA, FL 34476

New Principal Place of Business:

13874 SE 46TH AVE
SUMMERFIELD, FL 34491

Current Mailing Address:

P O BOX 5404
OCALA, FL 34478

New Mailing Address:

FEI Number: 14-1871832 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, PAT
9611 SW 45TH AVE
OCALA, FL 34476 US

Name and Address of New Registered Agent:

WALKER, PAT
13874 SE 46TH AVE
SUMMERFIELD, FL 34491 US

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: PAT WALKER 07/25/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WALKER, PAT
Address: 9611 SW 45TH AVE
City-St-Zip: OCALA, FL 34476

Title: V ( ) Delete
Name: WALKER, KRISTIE
Address: 9611 SW 45TH AVE
City-St-Zip: OCALA, FL 34476

Title: T ( ) Delete
Name: WALKER, PAT
Address: 9611 SW 45TH AVE
City-St-Zip: OCALA, FL 34476

Title: S ( ) Delete
Name: WALKER, KRISTIE
Address: 9611 SW 45TH AVE
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WALKER, PAT
Address: 13874 SE 46TH AVE
City-St-Zip: SUMMERFIELD, FL 34491

Title: V (X) Change ( ) Addition
Name: WALKER, KRISTIE
Address: 13874 SE 46TH AVE
City-St-Zip: SUMMERFIELD, FL 34491

Title: T (X) Change ( ) Addition
Name: WALKER, PAT
Address: 13874 SE 46TH AVE
City-St-Zip: SUMMERFIELD, FL 34491

Title: S (X) Change ( ) Addition
Name: WALKER, KRISTIE
Address: 13874 SE 46TH AVE
City-St-Zip: SUMMERFIELD, FL 34491

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.

SIGNATURE: PAT WLKER P 07/25/2005
Electronic Signature of Signing Officer or Director Date