2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041935

WALKER, KRISTIE

13874 SE 46TH AVE

SUMMERFIELD, FL 34491

Name:

Address:

City-St-Zip:

Entity Name: AQUA PROS, INC.

FILED Sep 06, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13874 SE 46TH AVE SUMMERFIELD, FL 34491 **Current Mailing Address: New Mailing Address:** P O BOX 5404 OCALA, FL 34478 FEI Number: 14-1871832 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: 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: 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 WALKER, PAT Name: Name: 13874 SE 46TH AVE Address: Address: City-St-Zip: SUMMERFIELD, FL 34491 City-St-Zip: Title: Title: () Delete () Change () Addition Name: WALKER, KRISTIE Name: 13874 SE 46TH AVE Address: Address: SUMMERFIELD, FL 34491 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition WALKER, PAT Name: Name: 13874 SE 46TH AVE Address: Address: City-St-Zip: SUMMERFIELD, FL 34491 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: PAT WALKER P 09/06/2006