

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000041935

**FILED**  
**Nov 07, 2006**  
**Secretary of State****Entity Name:** AQUA PROS, INC.**Current Principal Place of Business:**13874 SE 46TH AVE  
SUMMERFIELD, FL 34491**New Principal Place of Business:**5540 SW 89TH STREET  
OCALA, FL 34476**Current Mailing Address:**P O BOX 5404  
OCALA, FL 34478**New Mailing Address:**5540 SW 89TH STREET  
OCALA, FL 34476**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  
13874 SE 46TH AVE  
SUMMERFIELD, FL 34491 US**Name and Address of New Registered Agent:**KASPRICK, JAMES  
5540 SW 89TH STREET  
OCALA, FL 34476 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:** JAMES KASPRICK

11/07/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: KASPRICK, JAMES  
Address: 5540 SW 89TH STREET  
City-St-Zip: OCALA, FL 34476

Title: VICE (X) Change ( ) Addition  
Name: KASPRICK, JAMES  
Address: 5540 SW 89TH STREET  
City-St-Zip: OCALA, FL 34476

Title: TREA (X) Change ( ) Addition  
Name: KASPRICK, JAMES  
Address: 5540 SW 89TH STREET  
City-St-Zip: OCALA, FL 34476

Title: SEC (X) Change ( ) Addition  
Name: KASPRICK, JAMES  
Address: 5540 SW 89TH STREET  
City-St-Zip: OCALA, FL 34476

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.

**SIGNATURE:** JAMES KASPRICK

PRES

11/07/2006

Electronic Signature of Signing Officer or Director

Date